



# KY Summer Food Service Program For Schools/ Non-Profits 2018



# Statement of Non-Discrimination

## USDA Nondiscrimination Statement

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Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

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# SFSP Support All Year



- ☼ KDE SCN SFSP [website](#) **All the forms you need** for our program are here.
- ☼ USDA SFSP [website](#)
- ☼ Your friendly KY SFSP support staff!
  - ☼ Cathy Gallagher 502.564.5625 x. 4933 [cathy.gallagher@education.ky.gov](mailto:cathy.gallagher@education.ky.gov)
  - ☼ Jennifer Smith 502.564.5625 x. 4531 [jennifer.smith@education.ky.gov](mailto:jennifer.smith@education.ky.gov)
  - ☼ Mandi Seals 502.564.5625 x. 4945 [mandi.seals@education.ky.gov](mailto:mandi.seals@education.ky.gov)

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# Advance Payments

- ☀ Advance payments are available to sponsors who need their **reimbursement before the SFSP meals are actually served**.
- ☀ Requests for advance payments are done in CNIPS. Click on the application tab and click on “**Advance Request**”.



Click on the month that you are requesting the advance payment for.

EDUCATION

Applications | Claims | Compliance | Reports | Security | Search | Year | Help | Log Out

Applications > Advance Summary > Program Year: 2014 - 2015

**Summer Food Service Program Advance Requests for 2014 - 2015**

12151 Status: Active  
**Camp Fit Kid**  
DBA:  
123 Sunshine Way  
GLASGOW, KY 40034-3762  
Type of Agency: Private Non Profit Organization  
Type of SFSP Organization: Nonresidential Summer Camp

Action	Advance Month	Advance Type	Advance Amount	Outstanding Balance	Status	Date Processed
	Oct 2014				n/a	
	Nov 2014				n/a	
	Dec 2014				n/a	
	Jan 2015				n/a	
	Feb 2015				n/a	
	Mar 2015				n/a	
	Apr 2015				n/a	
	May 2015				n/a	
Add	Jun 2015				n/a	
Add	Jul 2015				n/a	
Add	Aug 2015				n/a	
	Sep 2015				n/a	
<b>Totals</b>			\$ 0.00	\$ 0.00		

< Back



Requests for operating and administrative advances are done **separately**. Simply click the box or boxes.

VIEW | MODIFY | DELETE

**Advance Request Detail for 2014 - 2015**

12151 Status: Active  
**Camp Fit Kid**  
DBA:  
123 Sunshine Way  
GLASGOW, KY 40034-3762  
Type of Agency: Private Non Profit Organization  
Type of SFSP Organization: Nonresidential Summer Camp

Advance Date: Jun 2015

**First Advance Request**

☒ Operating  
☒ Administrative

☒ I certify that the information on this form is true and correct. I understand that deliberate misrepresentation or withholding of information may result in prosecution under applicable state and federal statutes.

Created By: scnsponsorcv on: 3/25/2015 3:52:58 PM

Save Cancel



# Advance Payments

☀️ **Notify** the State Agency that you have put in a request for an advance payment!

☀️ The State Agency will make the **estimate** for the amount for a month of operation.

☀️ After the advance payment is awarded, the amount will then be **deducted from your reimbursement**



# Health Department Notification

- ☀ **Notify** your local health department of the intent to provide food services during a specific period of time at specific sites. See SFSP website for policies. [HD notification](#)
- ☀ You can generate an **approved site list report** in CNIPS to include in your notification. See SFSP website for instructions. [Using site list](#)
- ☀ CC State Agency **on the email** you send to the health department.
  - ☀ [dscnsupportbranch@education.ky.gov](mailto:dscnsupportbranch@education.ky.gov)
- ☀ **Update** the health department when any changes are made. Ex: adding/removing sites, date changes, or time changes.
- ☀ Health department notifications will be asked for in reviews!
- ☀ It is recommended sponsors use the prototype letter found on the KDE website. [HD prototype letter](#)

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		Packet Assigned To: Cyndi Willmarth		
Action	Form Name	Latest Version	Status	
View   Revise	✓ Sponsor Application	Original	Approved	
Details	✓ Management Plan	Original	Approved	
View   Revise	✓ Budget Detail	Original	Approved	
Details	✓ Food Production Facility List (1)			
Details	✓ Checklist Summary (4)			
Details	Site Field Trip List			
Details	Application Packet Notes			
View	Application Packet Notes for Sponsor			
Details	Attachment List			

Site Applications	Approved	Pending	Return for Correction	Denied	Withdrawn/ Closed	Error	Total Applications
Summer Food Service Program	7	3	0	0	0	0	10





After your site applications have been approved, click on the blue link titled “[Summer Food Service Program](#)”

Click on the blue link titled “Site List”






Site List

Action	Site ID / Site Name	Version/ Status
View   Revise	✓ Oak Park	Original / Approved
View   Revise	✓ Oak Park Library	Original / Approved
View   Modify Admin	➔ Oak Park Primary Center	Original / Pending Validation
View   Revise	✓ Oak Park Elementary	Original / Approved
View   Revise	✓ Oak Park Middle School	Original / Approved
View   Modify Admin	➔ Oak Park High School	Original / Pending Validation
View   Revise	✓ Oak Park Water Park	Original / Approved
View   Revise	✓ Oak Park Boys and Girls Club	Original / Approved
View   Modify Admin	➔ Oak Park Teen Center	Original / Pending Validation
View   Revise	✓ Oak Park Fire Station	Original / Approved
Add Site Application		



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All Approved Sites with Meal Times, Days, and Dates will be listed. You may feel free to delete any columns that do not pertain to your sponsorship. In this example, AM Snack, PM Snack, and Supper Columns were deleted.

Year	Name	Site Name	Type	Status	Address	City	State	Zip	Break Time	Break Days	Break Dates	Lunch Time	Lunch Days	Lunch Dates
2015-2016	Wyatt County	Oak Park	Open	Approved	110 Oak Street	Tree City	KY	11234				12:00-1:00	Tues, Thurs	6/1-8/3
2015-2016	Wyatt County	Oak Park Library	Open	Approved	200 Elm Street	Tree City	KY	11234				1:00-3:00	M-F	6/1-8/3
2015-2016	Wyatt County	Oak Park Elem	Open	Approved	13 Spruce Lane	Tree City	KY	11234	7:30-8:00	M-F	6/1-8/3	12:00-1:00	M-F	6/1-8/3
2015-2016	Wyatt County	Oak Park Middle	Open	Approved	25 Spruce Lane	Tree City	KY	11234				11:30-2:00	Mon, Wed, Fri	6/1-8/3
2015-2016	Wyatt County	Oak Park Water Park	Open	Approved	50 Willow Road	Tree City	KY	11234				12:00-1:00	M-F	6/1-8/3
2015-2016	Wyatt County	Oak Park Boys and Girls Club	Open	Approved	220 Oak Street	Tree City	KY	11234				11:00-1:00	M-F	6/1-8/3
2015-2016	Wyatt County	Oak Park Fire Station	Open	Approved	350 Elm Street	Tree City	KY	11234	10:00-11:00	M-F	6/1-8/3	2:00-3:00	M-F	6/1-8/3

# Facebook...

 KY Summer Meals for Kids 

Mandi Home Find Friends    

Page Inbox Notifications Insights Publishing Tools Settings Help ▾

  
KY Summer Meals for Kids  
@kysfsp

Home  
Posts  
About  
▾ See more

Promote  
Manage Promotions

  
 Like  Follow  Share ... 

 Status  Photo/Video  Live Video ... Event, Products + 

 Write something...

Community Service  
English (US) · Español · Português (Brasil) · Français (France) · Deutsch 



# Facebook Posts

☀️ We would love to share posts from our sponsors!

☀️ Post ideas

☀️ Dates and times of summer meals

☀️ Dates and times of Kickoff events

☀️ Special events

☀️ General advertising

☀️ “Come out to City Park in Jessamine County for a complimentary meal today. Anyone age 18 and under will receive a meal 11:00-1:00!

☀️ 2 ways

☀️ Email your post to [Mandi.seals@education.ky.gov](mailto:Mandi.seals@education.ky.gov)

☀️ Post to the FB page and wait for approval.





# Goals/ Overview of Today's Training

- ☀ Whose meals are **reimbursable**? Where can a **site** be located?
- ☀ What is **required before you begin serving meals**?
- ☀ What is **procurement** and why is it important?
- ☀ It's **meal time**, now what?
- ☀ How does the **program** work? (budgeting, monitoring, and recordkeeping tips)





# Goals/ Overview of Today's Training

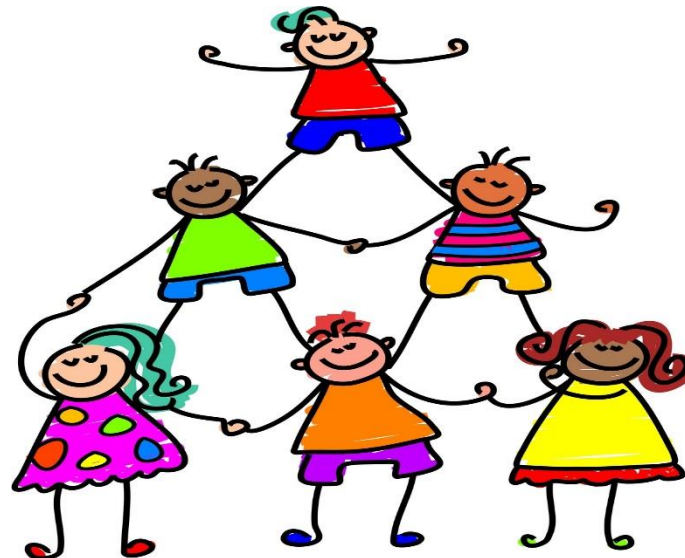
☀ Whose meals are **reimbursable**? Where can a site be **located**?



# Participant Eligibility (Whose meals can I claim?)

1. **Age:** Children and teens 18 years and under.

**\*\*A person 19 - 21 years who has a mental or physical disability and still participates in a school program is eligible.**



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# What is a Site?

A site is a **physical location, approved by the State Agency**, where a sponsor serves SFSP meals during a meal service. Sites may be located in a variety of settings.



# Site Types

There are 4 types of sites:

☀️ Open

☀️ Open restricted

☀️ Closed enrolled

☀️ Migrant



# Open Sites

Open sites serve children/teens in geographic areas where 50% or more of the local children are eligible for free or reduced school meals. (Area Eligibility)

Open Sites are the most common type of sites. At open sites there are no signups, no income checks, etc. At open sites, ALL children and teens eat!



# Open-Restricted Site

Open restricted sites, are **open to all children/teens**.  
At open-restricted sites, there is a limit to the number of children who can attend per day, usually due to site size and space limitations.

At open restricted sites, meals are served on **a first come, first served basis**.



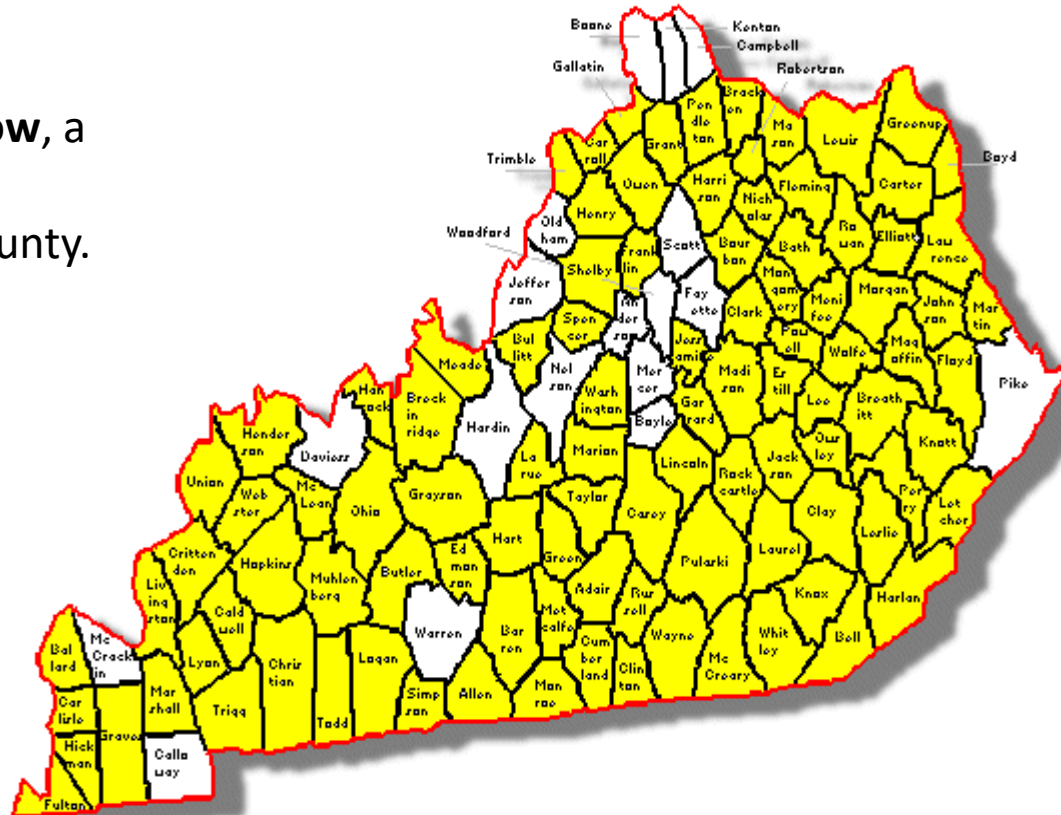


# County Wide Eligibility

## County Wide Eligibility List

Countywide Eligibility 2018

For the counties in **yellow**, a SFSP site can be placed anywhere within the county.



Source: diymaps.net (c)



## County Wide Eligibility 2018

Adair County	Graves County	McCreary County
Allen County	Grayson County	McLean County
Ballard County	Green County	Meade County
Barren County	Greenup County	Menifee County
Bath County	Hancock County	Metcalfe County
Bell County	Harlan County	Monroe County
Bourbon County	Harrison County	Montgomery County
Boyd County	Hart County	Morgan County
Bracken County	Henderson County	Muhlenberg County
Breathitt County	Henry County	Nicholas County
Breckinridge County	Hickman County	Ohio County
Butler County	Hopkins County	Owen County
Caldwell County	Jackson County	Owsley County
Carlisle County	Jessamine County	Pendleton County
Carroll County	Johnson County	Perry County
Carter County	Knott County	Powell County
Casey County	Knox County	Pulaski County
Christian County	Larue County	Robertson County
Clark County	Laurel County	Rockcastle County
Clay County	Lawrence County	Rowan County
Clinton County	Lee County	Russell County
Crittenden County	Leslie County	Shelby County
Cumberland County	Letcher County	Simpson County
Edmonson County	Lewis County	Taylor County
Elliott County	Lincoln County	Todd County
Estill County	Livingston County	Trigg County
Fleming County	Logan County	Trimble County
Floyd County	Lyon County	Union County
Franklin County	Madison County	Washington County
Fulton County	Magoffin County	Wayne County
Gallatin County	Marion County	Webster County
Garrard County	Marshall County	Whitley County
Grant County	Martin County	Wolfe County
	Mason County	



# Qualifying Open Sites

## #1) *Using School Data*

- ☀ School data can be found on the KDE website under Qualifying Data.
- ☀ Data from **any school** that serves the site area can be used.
- ☀ School data is good for **5 years**.
- ☀ On the site application list what year's data is being used.



**Kentucky Department Of Education**  
**Division of School and Community Nutrition**  
**Qualifying Data Report**  
**Program Year: 2017 - 2018**

Look for  
50% or  
higher



	Site ID	Site Name	Total Enrollment	Number Free	Number Reduced	Number Paid	Percent Free	Percent Reduced	Percent Free and Reduced
	1002	Adair County Middle School (* CEP Sponsor)	575	529	0	46	92.05%	0.00%	92.05%
	1007	Adair County High School (* CEP Sponsor)	811	715	0	96	88.18%	0.00%	88.18%
	1008	Adair County Elementary School (* CEP Sponsor)	744	744	0	0	100.00%	0.00%	100.00%
	1009	Adair County Primary Center (* CEP Sponsor)	542	542	0	0	100.00%	0.00%	100.00%
	1000	Allen County Primary Center (* CEP Sponsor)	1,049	1,040	0	9	99.12%	0.00%	99.12%
	1001	Allen County-Scottsville High School (* CEP Sponsor)	928	690	0	238	74.30%	0.00%	74.30%
	1002	James E Bazzell Middle School (* CEP Sponsor)	437	350	0	87	80.00%	0.00%	80.00%
	1003	Allen County Intermediate Center (* CEP Sponsor)	731	660	0	71	90.30%	0.00%	90.30%
nt	1000	Anchorage Independent Public School	378	9	0	369	2.38%	0.00%	2.38%
	1000	Emma B Ward Elementary School	472	188	13	271	39.83%	2.75%	42.58%
	1001	Anderson County Middle School	884	354	49	481	40.05%	5.54%	45.59%
	1003	Saffell Street Elementary School	434	253	28	153	58.29%	6.45%	64.75%
	1004	Anderson County High School/Phoenix Academy	1,120	401	49	670	35.80%	4.38%	40.18%
	1005	Robert B Turner Elementary School	529	212	20	297	40.08%	3.78%	43.86%
	1006	Anderson County Early Childhood Center	319	160	15	144	50.16%	4.70%	54.86%
e Academy	1000	Appalachian Challenge Academy	90	90	0	0	100.00%	0.00%	100.00%
	1000	Charles Russell Elementary School (* CEP Sponsor)	261	248	0	13	94.90%	0.00%	94.90%
	1002	Paul G Blazer High School (* CEP Sponsor)	908	667	0	241	73.46%	0.00%	73.46%
	1004	Hager Elementary School (* CEP Sponsor)	364	256	0	108	70.27%	0.00%	70.27%
	1005	AISD Head Start Preschool Ctr (* CEP Sponsor)	219	219	0	0	100.00%	0.00%	100.00%
	1006	Ashland Middle School (* CEP Sponsor)	794	666	0	128	83.89%	0.00%	83.89%
	1008	Poage Elementary School (* CEP Sponsor)	262	248	0	14	94.77%	0.00%	94.77%
	1009	Oakview Elementary School (* CEP Sponsor)	307	302	0	5	98.27%	0.00%	98.27%
	1010	Crabbe Elementary School (* CEP Sponsor)	281	281	0	0	100.00%	0.00%	100.00%
	1002	Augusta Independent School (* CEP Sponsor)	297	272	0	25	91.73%	0.00%	91.73%
	1000	Ballard Memorial HS/Ballard County MS (* CEP Sponsor)	661	498	0	163	75.34%	0.00%	75.34%
	1002	Ballard County Elementary School (* CEP Sponsor)	682	632	0	50	92.64%	0.00%	92.64%
ent	1002	Barbourville City School (* CEP Sponsor)	688	636	0	52	92.46%	0.00%	92.46%
nt	1000	Bardstown High School	628	329	21	278	52.39%	3.34%	55.73%
nt	1001	Bardstown Primary School (* CEP Sponsor)	626	532	0	94	84.99%	0.00%	84.99%
nt	1002	Bardstown Middle School (* CEP Sponsor)	601	497	0	104	82.64%	0.00%	82.64%
nt	1003	Bardstown Elementary School (* CEP Sponsor)	639	572	0	67	89.54%	0.00%	89.54%

The free/reduced lunch data from ANY SCHOOL that serves the area can be used.

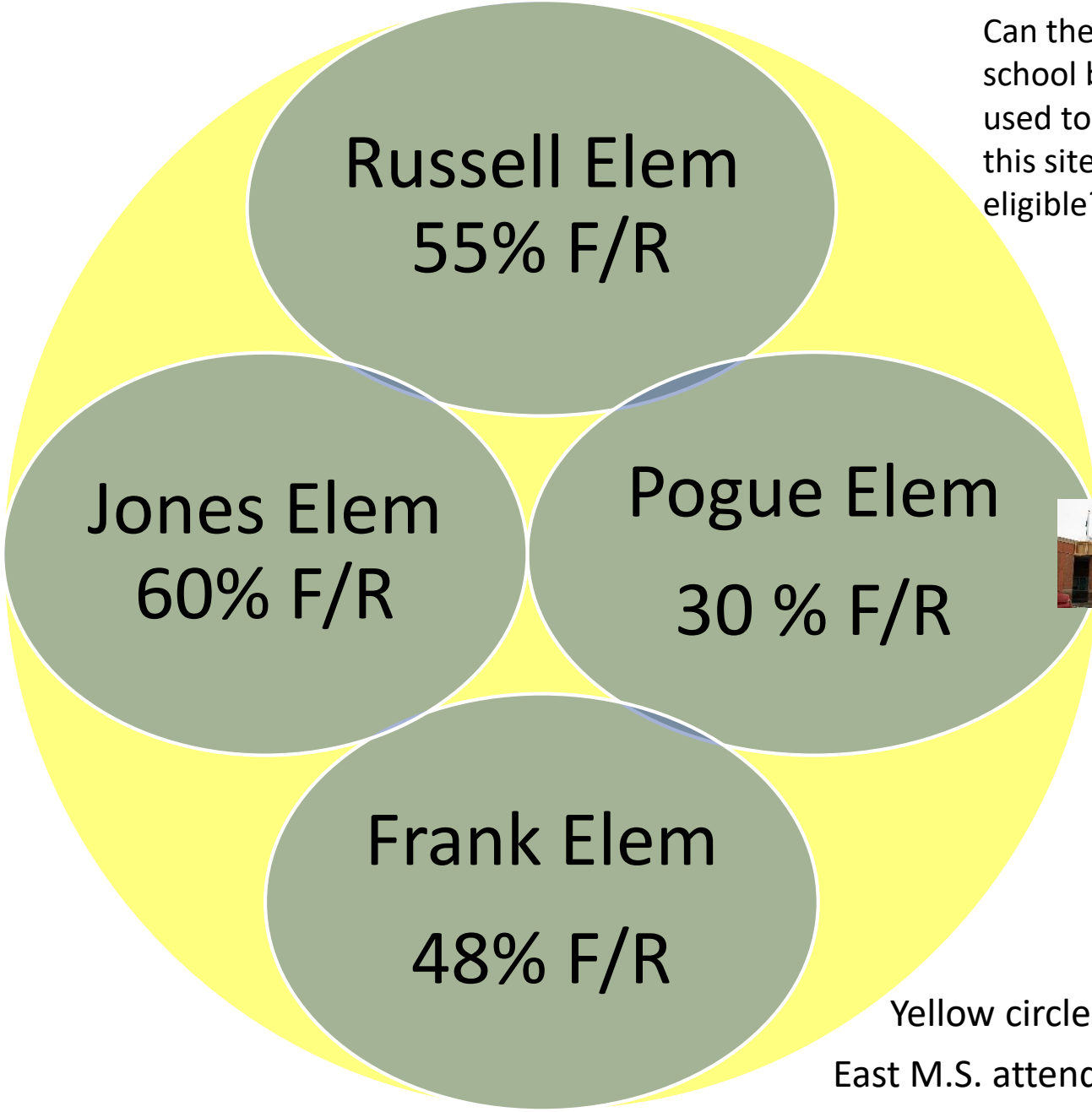


One school can even use the data from another school.

Let's look at some examples.



A library is at an address in the Pogue Elem and East MS attendance areas.



Can the middle school be used to qualify this site as eligible?

No



Yellow circle:  
East M.S. attendance  
area-43% F/R

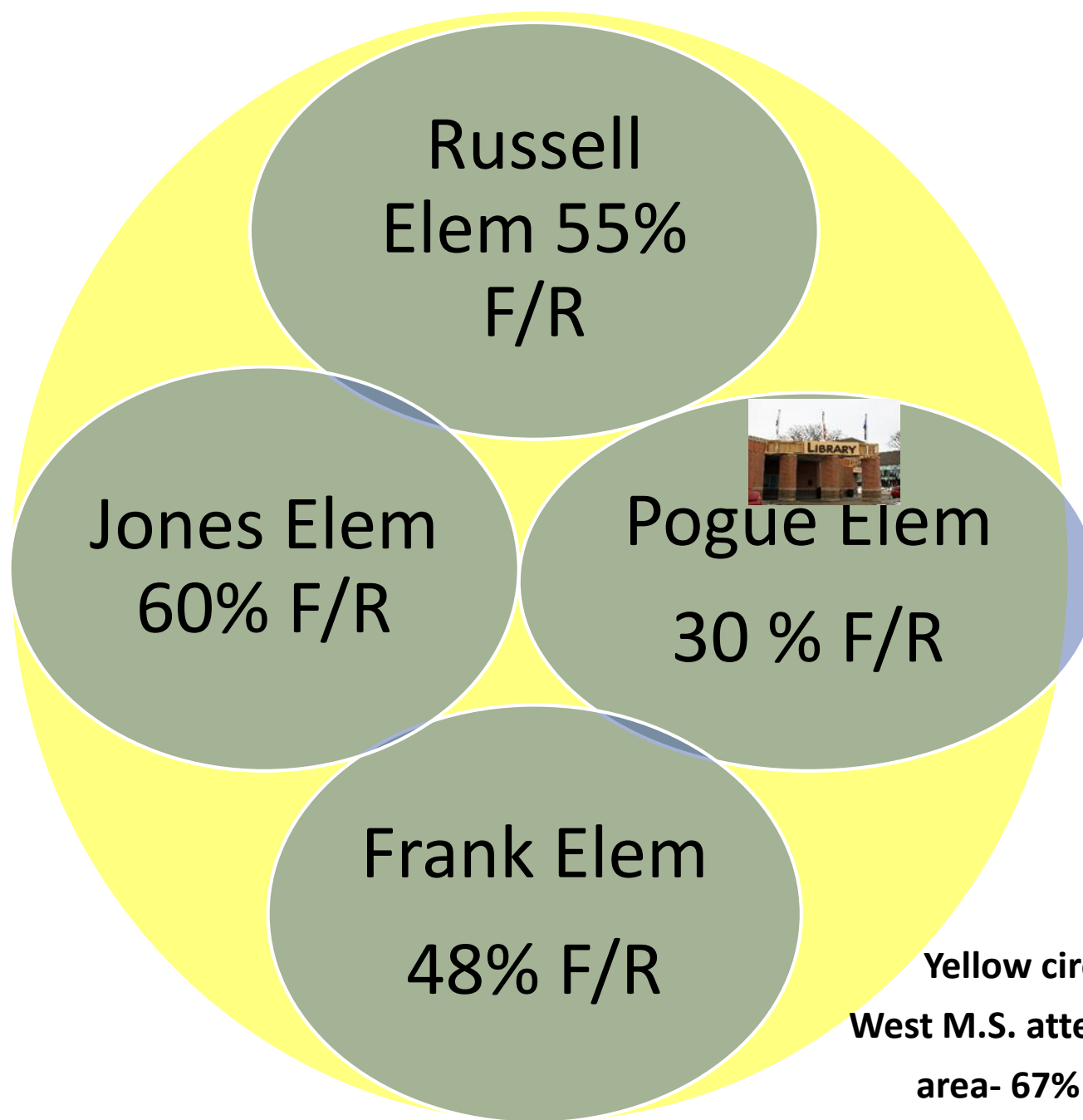


Could we put a site at Pogue Elementary and use West Middle School's data?

**YES!**

Could we put a site at the Public Library and use West Middle's data?

**YES!**



Yellow circle:  
West M.S. attendance  
area- 67% F/R



# Qualifying Open Sites

## #2) *Using Census Data*

- ☀ Census data can be found on the KDE website or by using the link [Census Map](#).
- ☀ Directions on using the census map tool can be found on the KDE website or by using the link [Census Mapper Instructions](#).
- ☀ Census data is good for **5 years**.
- ☀ On the site application, list what year's data is being used.

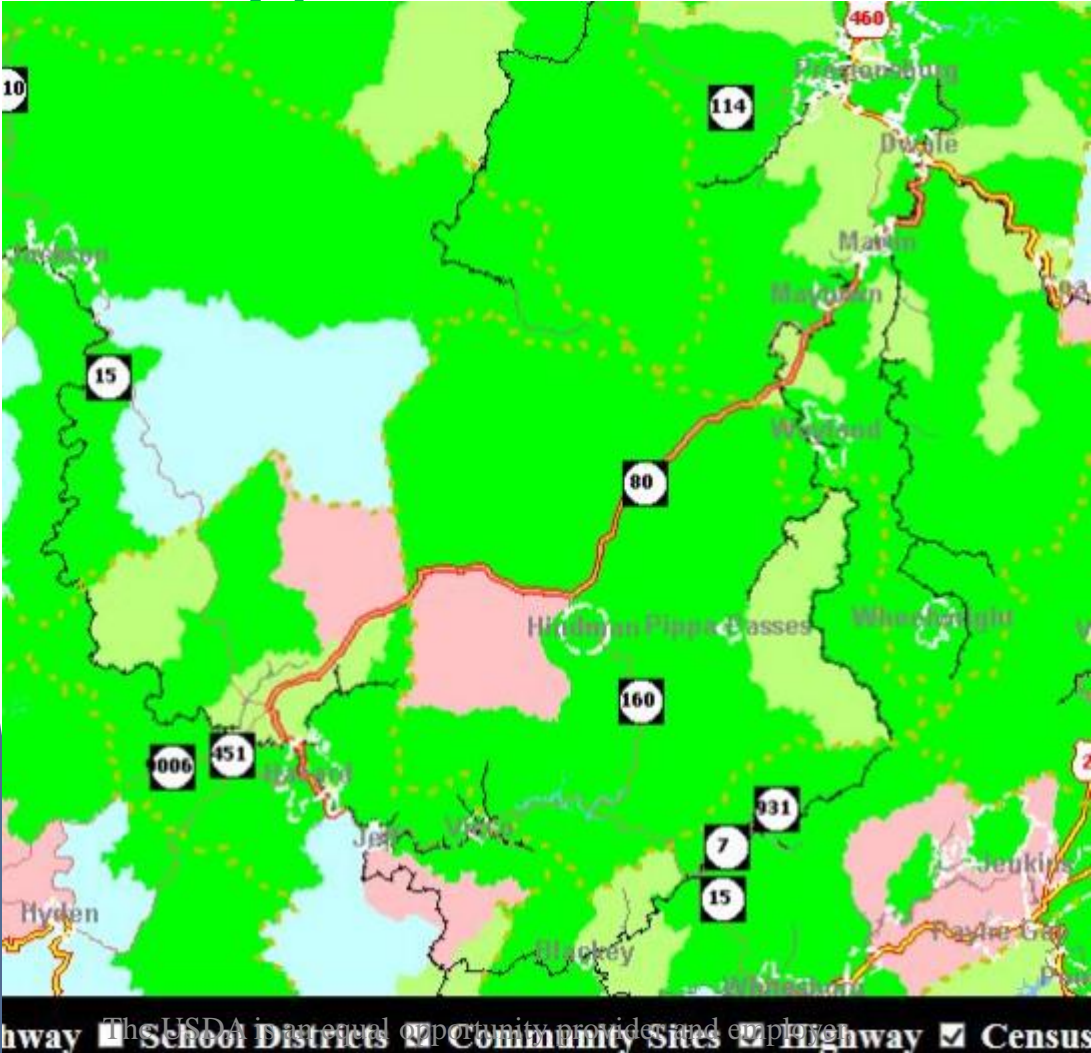
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# Census Map—Green areas Eligible



Put these numbers on the site application.



2010_Block_Groups Information	
BlockGroup	210059501004
Tract	21005950100
County	21005
State	21
County Name	Anderson County
State Name	Kentucky
Eligible? (Yes or No)	Yes

# Closed Enrolled Sites

☀️ Closed enrolled sites serve groups of **children who are enrolled** and are provided **enrichment activities** on a daily basis.

☀️ Closed enrolled sites may qualify by: CWE, school data, census data or **income applications**.

☀️ Could you open this to others and be an open site?



# Closed Enrolled Sites

(using income applications to qualify the site)

☀️ **50% or more** of enrolled children at the site must be **income eligible** for the site to qualify using this method. (If 50% or more of the group is not eligible for free/reduced meals using income applications, this method may not be used to qualify a site.)

☀️ If the site qualifies by income applications, then **ALL** children's meals at the closed enrolled site are reimbursable.



# Using Income Applications to Qualify **Closed Enrolled Sites**





# Categorical Eligibility

If **anyone** in the household has a **SNAP** or **KTAP** number, the child(ren) will qualify for free or reduced meals.

*(\*\*\* Mark "Categorical Eligibility" on the income application.)*

Children in **Foster Care** or **Legal kinship care** will qualify for free or reduced meals. *(\*\*\* Mark "Categorical Eligibility" on the income application.)*

In these cases, the required parts of the **income application** should still be **completed and signed**.



Complete one application per household. Please use a pen (not a pencil).

## STEP 1

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."	Child's First Name	MI	Child's Last Name	Grade	Student?	Non-Resident Migrant?	Non-Resident Runaway?
					Yes	No	
<p>Children in foster care and children who meet the definition of homeless, migrant or runaway are eligible for free meals. Read How to Apply for free and reduced price school meals for more information.</p>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## STEP 2

If YES > Write a case number here then go to STEP 4 (Do not complete STEP 3)

Case Number:

Write only one case number in this space.

### STEP 3

**A. Child Income**  
Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

**B. All Adult Household Members (Including yourself)**  
List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write "0". If you enter "0" or leave any fields blank, you are certifying (promising) that there is no income to report.

Are you unsure what income to include here?

Flip the page and review the charts titled "Sources of Income" for more information.

The "Sources of Income for Children" chart will help you with the Child Income section.

The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.

Name of Adult Household Members (First and Last)	Earnings from Work	How often?				Public Assistance/Child Support/Alimony	How often?				Pensions/Retirement/All Other Income	How often?			
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly
\$						\$					\$				
\$						\$					\$				
\$						\$					\$				
\$						\$					\$				
\$						\$					\$				
\$						\$					\$				
\$						\$					\$				

Total Household Members (Children and Adults)

Last four digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member

Check if no SSN

#### STEP 4

I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address (if available)		Apt #	City	State	Zip
<input type="text"/>		<input type="text"/>			<input type="text"/>
Elected person of full voting age in the State		Household Size (0-5)			Daytime Phone and Email (optional)



Month/Date/2016



**INSTRUCTIONS** Sources of Income

Sources of Income for Children		Sources of Income for Adults		
Sources of Child Income	Example(s)	Earnings from Work	Public Assistance / Alimony / Union support	Pensions / Retirement / All Other income
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages	- Salary, wages, cash bonuses	- Unemployment benefits	- Social Security (including railroad retirement and black lung benefits)
- Social Security - Disability Payments - Survivor's Benefits	- A child is blind or disabled and receives Social Security benefits - A Parent is disabled, retired, or deceased, and their child receives Social Security benefits	- Net income from self-employment (farm or business)	- Worker's compensation	- Private pensions or disability benefits
- Income from person outside the household	- A friend or extended family member regularly gives a child spending money	- Cash assistance from State or local government	- Supplemental Security Income (SSI)	- Regular income from trusts or estates
- Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust	- If you are in the U.S. Military: - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing	- Alimony payments	- Annuities
			- Child support payments	- Investment income
			- Veteran's benefits	- Earned interest
			- Strike benefits	- Rental income
				- Regular cash payments from outside household

**OPTIONAL** Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino  
 Race (check one or more): ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPRI) case number or other FDPRI identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

mail: U.S. Department of Agriculture  
 Office of the Assistant Secretary for Civil Rights  
 1400 Independence Avenue, SW  
 Washington, D.C. 20250-9410

fax: (202) 690-7442; or  
 email: [program.intake@usda.gov](mailto:program.intake@usda.gov)  
 This institution is an equal opportunity provider.

Mark Categorical Eligibility if it applies!

**Do not fill out** For School Use Only

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24 Monthly x 12

Total Income	How often? Weekly <input type="radio"/> Biweekly <input type="radio"/> 2x Month <input type="radio"/> Monthly <input type="radio"/>	Household Size	Categorical Eligibility <input type="checkbox"/>	Eligibility: Free <input type="radio"/> Reduced <input type="radio"/> Denied <input type="radio"/>
Determining Official's Signature	Date	Confirming Official's Signature	Date	Verifying Official's Signature

The application must be COMPLETE to be valid.

☀ Requires an adult signature, date and last four digits of adult SS# or designation that they do not have one.

☀ The sponsor must include the eligibility determination, date and signatures by the determining and confirming officials.

(Two employees from your organization check and sign.)

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# What income level qualifies?

For a household of two, \$30,044 **or less** annual income will qualify for

reimbursable meals.

## Income Guidelines



INCOME ELIGIBILITY GUIDELINES											
Effective from July 1, 2017 to June 30, 2018											
HOUSEHOLD SIZE	FEDERAL POVERTY GUIDELINES	REDUCED PRICE MEALS - 185 %					FREE MEALS - 130 %				
	ANNUAL	ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY	ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY
<b>48 CONTIGUOUS STATES, DISTRICT OF COLUMBIA, GUAM, AND TERRITORIES</b>											
1 .....	12,060	22,311	1,860	930	859	430	15,678	1,307	654	603	302
2 .....	16,240	30,044	2,504	1,252	1,156	578	21,112	1,760	880	812	406
3 .....	20,420	37,777	3,149	1,575	1,453	727	26,546	2,213	1,107	1,021	511
4 .....	24,600	45,510	3,793	1,897	1,751	876	31,980	2,665	1,333	1,230	615
5 .....	28,780	53,243	4,437	2,219	2,048	1,024	37,414	3,118	1,559	1,439	720
6 .....	32,960	60,976	5,082	2,541	2,346	1,173	42,848	3,571	1,786	1,648	824
7 .....	37,140	68,709	5,726	2,863	2,643	1,322	48,282	4,024	2,012	1,857	929
8 .....	41,320	76,442	6,371	3,186	2,941	1,471	53,716	4,477	2,239	2,066	1,033
For each add'l family member, add	4,180	7,733	645	323	298	149	5,434	453	227	209	105
				Income x 24 weeks	Income x 26 weeks	Income x 52 weeks					

\*Only needs to meet reduced price meal guidelines to qualify.

# Would the sponsor be reimbursed for these meals?



☀ If a participant's family has SNAP or a KTAP number, the participants' meals would be reimbursable.

☀ If a family of two's total source of income is \$26,000 a year, the participant's meals would be reimbursable.



# Would the sponsor be reimbursed for these meals?

☀ If a family of four's total source of income is \$45,000 a year, the participants' meals would be reimbursable.

☀ If a family of five's annual income is \$55,000, and the child is a foster child, the child's meals would be reimbursable.

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# Do the Math—Let's Practice



☀ What do you do when the frequency of payment is different?

☀ Example:

☀ Mom makes \$20,000 **annually**

☀ Dad makes \$1,000 **every two weeks (bi-weekly)**

☀ **Total Income**  $\$20,000 + (\$1,000 \times 26) =$

☀  $\$20,000 + \$26,000 = \$46,000$  **annually**

☀ *Would the children of a family of five qualify for reimbursable meals?*

☀ **Yes!**

# 2017-2018 Prototype Household Application for Free and Reduced Price School Meals

Complete one application per household. Please use a pen (not a pencil).

Apply online: INSERT URL HERE

<b>Definition of Household Member:</b> "Anyone who is living with you and shares income and expenses, even if not related."  <b>Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information.</b>	Child's First Name	MI	Child's Last Name	Grade	Student? Yes No	Foster Child	Homeless, Migrant, Runaway
	Becky	M	Hopkins	7	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
					<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
					<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
					<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

## STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR?

If NO > Go to STEP 3. If YES > Write a case number here then go to STEP 4 (Do not complete STEP 3)

Case Number:

Write only one case number in this space.

## STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

<p>Are you unsure what income to include here?</p> <p>Flip the page and review the charts titled "Sources of Income" for more information.</p> <p>The "Sources of Income for Children" chart will help you with the Child Income section.</p> <p>The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.</p>	<b>A. Child Income</b>		Child Income		How often?				
	Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.		\$	100	Weekly	Bi-Weekly	2x Month	Monthly	
					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	
<b>B. All Adult Household Members (including yourself)</b>		List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.		Public Assistance/Child Support/Alimony		How often?			
Name of Adult Household Members (First and Last)	Earnings from Work	Weekly	Bi-Weekly	2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly
Sam Hopkins	\$ 2300	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Total Household Members (Children and Adults)		2		Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member		X X X X		7590	
								Check if no SSN <input type="checkbox"/>	

## STEP 4 Contact information and adult signature. Mail Completed Form To: INSERT YOUR SCHOOL/DISTRICT MAILING ADDRESS HERE

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

1100 Park Street	Bowling Green	KY	42101	(333) 333-3333
Street Address (if available)	City	State	Zip	Daytime Phone and Email (optional)
Sam Hopkins	Sam Hopkins			5-1-18
Printed name of adult signing the form	Signature of adult			Teacher's date





Sources of Income for Children	
Sources of Child Income	Example(s)
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages
- Social Security <ul style="list-style-type: none"><li>- Disability Payments</li><li>- Survivor's Benefits</li></ul>	- A child is blind or disabled and receives Social Security benefits - A Parent is disabled, retired, or deceased, and their child receives Social Security benefits
- Income from person outside the household	- A friend or extended family member regularly gives a child spending money
- Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust

Sources of Income for Adults		
Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
<ul style="list-style-type: none"><li>- Salary, wages, cash bonuses</li><li>- Net income from self-employment (farm or business)</li></ul> <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none"><li>- Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)</li><li>- Allowances for off-base housing, food and clothing</li></ul>	<ul style="list-style-type: none"><li>- Unemployment benefits</li><li>- Worker's compensation</li><li>- Supplemental Security Income (SSI)</li><li>- Cash assistance from State or local government</li><li>- Alimony payments</li><li>- Child support payments</li><li>- Veteran's benefits</li><li>- Strike benefits</li></ul>	<ul style="list-style-type: none"><li>- Social Security (including railroad retirement and black lung benefits)</li><li>- Private pensions or disability benefits</li><li>- Regular income from trusts or estates</li><li>- Annuities</li><li>- Investment income</li><li>- Earned interest</li><li>- Rental income</li><li>- Regular cash payments from outside household</li></ul>

**OPTIONAL** Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one): ☐ Hispanic or Latino ☒ Not Hispanic or Latino

Race (check one or more): ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☒ White

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

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mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410

fax: (202) 690-7442; or  
email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

**Do not fill out** For School Use Only

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24 Monthly x 12

Total Income:  How often? ☐ Weekly ☐ Bi-Weekly ☐ 2x Month ☒ Monthly Household Size:  Categorical Eligibility ☐

Eligibility: ☐ Free ☒ Reduced ☐ Denied

Determining Official's Signature:  Date:  Confirming Official's Signature:  Date:  Verifying Official's Signature:  Date:

Mark "categorical eligibility" if it applies.



# Migrant Site

## Special Site Eligibility

### ☀️ Migrant Sites

- ☀️ 50% or more are children from migrant families.
- ☀️ Documentation from the migrant authority is required for site approval. Stored in CNIPS.

### ☀️ *Why qualify as a migrant site?*

- ☀️ Migrant sites may serve 3 meals a day.
- ☀️ The site is an ineligible area

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# Housing Complex in an Ineligible Area

## Special Site Eligibility

☀️ Is the housing for individuals with a low income?

☀️ **Must have a letter from housing authority—stored in site application in CNIPS**, verifying that at least 50% of those who reside in the Housing Community meet the county standards for low income .







For [Migrant Sites](#) and [Housing Complexes](#) in ineligible areas: Click on the [blue](#) to find the letter that needs to be completed.

SFSP Checklist Summary

10001    Status: Active  
**Allen County**  
DBA:  
570 Oliver Street  
Scottsville, KY 42164-7955  
Type of Agency: Educational Institution  
Type of SFSP Organization: School Food Authority

Sponsor	Total Items	Submitted Items	Approved Items
<a href="#">Allen County</a>	2	0	0

Summer Food Service Program Sites	Total Items	Submitted Items	Approved Items
Alco Apartments	0	0	0
Allen County Public Library	0	0	0
Allen County Scottsville Law Enforcement Center	0	0	0
Allen County-Scottsville High School	0	0	0
Country Place Apartments	0	0	0
Faith Baptist Church	0	0	0
<a href="#">Housing Authority of Scottsville</a>	1	0	0
Landmark Apartments	0	0	0
Pleasant Field Full Gospel Church	0	0	0
<a href="#">The Core</a>	1	0	0

< Back

This letter will appear when you select “migrant site” or “letter from housing authority”. Have a migrant or housing authority fill it out then upload in CNIPS.

This letter certifies that the site at:

---

Street, City, State, Zip

is eligible as a site for the 2015 Summer Food Service Program by: (Please Check One Box Below)

☐ Migrant Site

If Migrant Site is selected, please provide signature of Migrant Authority, verifying that the site primarily services children of migrant families.

☐ Affordable Housing

If Affordable Housing is selected, please provide signature of Authorized Representative at Housing Authority, verifying that at least 50% of the families who reside in the Housing Community, meet the county standards for low income.

---

Signature and Date



# Where can a site be located?

Anywhere that is eligible!

Enrichment keeps them coming back!!

SFSP funds **can not** be used for enrichment. **Donations** and other funds may be used.

## Enrichment Activity Ideas



# What makes a good site?

- ☀️ Appropriate facilities and places to eat.
- ☀️ Healthy and safe.
- ☀️ Adequate size for number of participants.
- ☀️ Has activities!



The USDA is







**BOYS & GIRLS  
CLUB**



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# Let's Talk Mobile

*What are mobile meals?*



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# Mobile Route Facts

- ☀ In 2017, there were 498 **mobile sites** in KY.
- ☀ Each stop is entered as a “**site**” in CNIPS.



# Goals/ Overview of Today's Training

☀ Whose meals are **reimbursable**? Where can a **site** be located?

☀ **What is required before you begin serving meals?**



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# SFSP Training

## Who?

Each year before you begin serving meals, **all staff/volunteers** must be trained by the sponsor on his/her **individual job duties, program requirements** and on **Civil Rights** if they work with children.



Make sure to have **a sign in sheet and agenda** for all trainings!

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# SFSP Training



- ☀ Sponsor will ensure that **at least one** trained staff member is **on site during each meal service**.
- ☀ Remember to have participants **sign in** at each training. Form on SFSP website. (checked at sponsor review)
- ☀ SFSP documents must be signed by a **trained** staff member.
- ☀ **Train the Trainer** can be found on the KDE website. This document will help you train your workers.

Remember to have a sign in sheet! They may be trained on job duties and Civil Rights on the same day or on two different days.

This document is on our website; you can use it to train your staff: [Civil Rights Training for Frontline Staff](#)



### Summer Food Service Program (SFSP)



(Sponsor Name Here)

### SFSP Staff Training Agenda and Sign-in Sheet

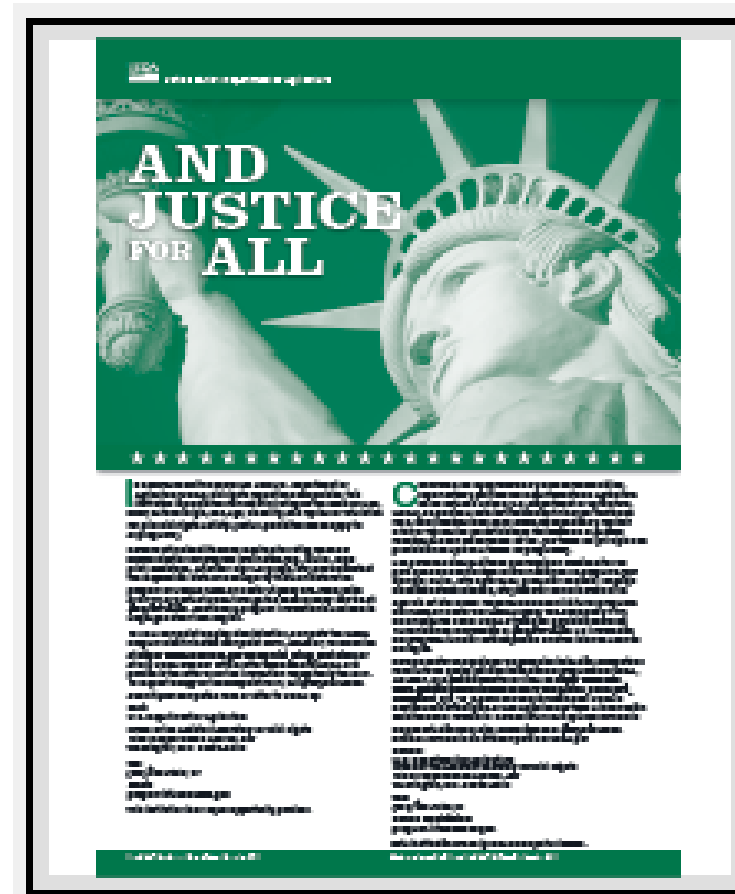
(Date and Times Here)

**Agenda** (Items to be discussed during the training – Be sure to include Civil Rights)

#### Staff Sign-in

Printed Name	Signature	Site Name

☐ I certify that the above attendees were trained in the aspects listed above as required for participation in the SFSP on \_\_\_\_\_, 201\_.



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# Civil Rights Video

☀️ <https://mix.office.com/watch/1fcj6dhu09bf0>





# What does the required SFSP meal pattern look like?

Serve 3  
components/  
items

## Summer Food Service Program (SFSP)

### Breakfast Meal Pattern

#### Select All Three Components for a Reimbursable Meal

1 milk	1 cup	fluid milk
1 fruit/vegetable	1/2 cup	juice, <sup>1</sup> and/or vegetable
1 grains/bread <sup>2</sup>	1 slice 1 serving 3/4 cup 1/2 cup 1/2 cup	bread or cornbread or biscuit or roll or muffin or cold dry cereal or hot cooked cereal or pasta or noodles or grains

<sup>1</sup> Fruit or vegetable juice must be full-strength.

<sup>2</sup> Breads and grains must be made from whole-grain or enriched meal or flour. Cereal must be whole-grain or enriched or fortified.

### Lunch or Supper Meal Pattern

#### Select All Four Components for a Reimbursable Meal

1 milk	1 cup	fluid milk
2 fruits/vegetables	3/4 cup	juice, <sup>1</sup> fruit and/or vegetable
1 grains/bread <sup>2</sup>	1 slice 1 serving 1/2 cup 1/2 cup	bread or cornbread or biscuit or roll or muffin or hot cooked cereal or pasta or noodles or grains
1 meat/meat alternate	2 oz. 2 oz. 2 oz. 1 large 1/2 cup 4 Tbsp. 1 oz. 8 oz.	lean meat or poultry or fish <sup>3</sup> or alternate protein product or cheese or egg or cooked dry beans or peas or peanut or other nut or seed butter or nuts and/or seeds <sup>4</sup> or yogurt <sup>5</sup>

<sup>1</sup> Fruit or vegetable juice must be full-strength. Full strength vegetable or fruit juice may be counted to meet not more than one-half of this requirement.

<sup>2</sup> Breads and grains must be made from whole-grain or enriched meal or flour. Cereal must be whole-grain or enriched or fortified.

<sup>3</sup> A serving consists of the edible portion of cooked lean meat or poultry or fish.

<sup>4</sup> Nuts and seeds may meet only one-half of the total meat/meat alternate serving and must be combined with another meat/meat alternate to fulfill the lunch or supper requirement.

<sup>5</sup> Yogurt may be plain or flavored, unsweetened or sweetened.

**See back page for snack meal pattern.**

Serve 4  
components  
and 5 items



## Snack (Supplement) Meal Pattern

### Select Two of the Four Components for a Reimbursable Snack

1 milk	1 cup	fluid milk
1 <sup>1</sup> fruit/vegetable	3/4 cup	juice, <sup>1</sup> fruit and/or vegetable
1 grains/bread <sup>2</sup>	1 slice 1 serving 3/4 cup 1/2 cup 1/2 cup	bread or cornbread or biscuit or roll or muffin or cold dry cereal or hot cooked cereal or pasta or noodles or grains
1 meat/meat alternate	1 oz. 1 oz. 1 oz. 1/2 large 1/4 cup 2 Tbsp. 1 oz. 4 oz.	lean meat or poultry or fish <sup>3</sup> or alternate protein product or cheese or egg or cooked dry beans or peas or peanut or other nut or seed butter or nuts and/or seeds or yogurt <sup>4</sup>

<sup>1</sup> Fruit or vegetable juice must be full-strength. Juice cannot be served when milk is the only other snack component.

<sup>2</sup> Breads and grains must be made from whole-grain or enriched meal or flour. Cereal must be whole-grain or enriched or fortified.

<sup>3</sup> A serving consists of the edible portion of cooked lean meat or poultry or fish.

<sup>4</sup> Yogurt may be plain or flavored, unsweetened or sweetened.





# Component vs. Item

It's important to know the difference, especially in Offer vs. Serve & when serving a snack.

☀️ **Component** is the required **category**: milk, fruit/vegetable, grain/bread, meat/meat alternate are the lunch and supper components.

☀️ The **fruit/vegetable component** is made up of **two items**. Example: carrots and grapes or green beans and mashed potatoes.





# Meal Type Combination Options

- ☀ Sponsors may claim up to **two services per site** per day. ( breakfast, lunch, supper, or snack—up to two)
- ☀ Lunch and supper **may not be served** at the same site on the same day. Any other two combinations are allowed.
- ☀ EXCEPTION\*\* **Migrant sites may claim three meals per site.**



# Breakfast

## (3 components required)



1. Fluid Milk (whole, low fat, or skim)
2. Fruit, Vegetable, or 100% Juice
3. Grain/ Bread

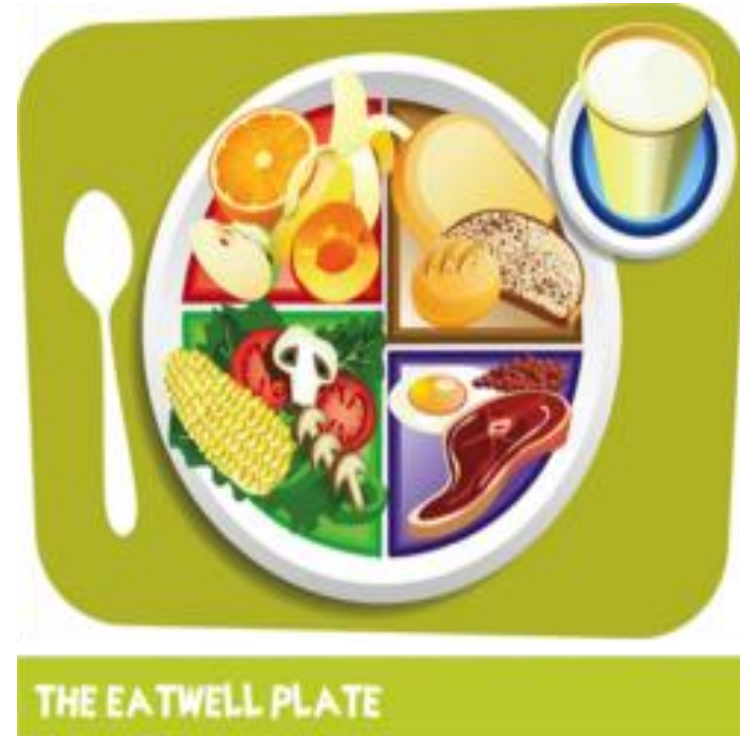
A meat/ meat alternate is not required, but can be a nice addition.



# Lunch/ Supper

## (4 components/ 5 items required)

1. Fluid Milk (whole, low fat, or skim)
2. Fruit or Vegetable
3. Fruit or Vegetable
4. Grain or Bread
5. Meat or Meat Alternate



2 different fruits, 2 different vegetables, or a fruit and a vegetable must be served.





# Snack

(2 different *components* required)

## Component:

Fluid Milk (whole, low fat, or skim) *and/or*

Vegetable/Fruit *and/or*

Bread/Grain item *and/or*

Meat/Meat Alternate

(Juice and milk is not a reimbursable combination)



# Documenting Meals

☀ Menu records must be kept **daily** for all meals to be claimed for reimbursement.



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# Daily Menu Record

## Menu Record



Breakfast, Lunch/Supper, Snack  
Daily SFSP Menu Record

Sponsor \_\_\_\_\_ Date: \_\_\_\_\_

### Food Production Facility

Breakfast (3 components)	Menu item	Portion Size	Number of Portions Prepared
Milk		8oz	
Fruit/Vegetable/Juice			
<b>Grain (Choose 1)</b>			
Bread, Biscuit, Muffin,			
Hot Cereal			
Cold Cereal			
Pasta/Noodles, Rice			
OVS (Choose One Additional Component)			

Lunch or Supper (5 components)	Menu Item	Portion Size	Number of Portions Prepared
Milk		8oz	
Meat/Protein			
Fruit/Veg 1			
Fruit/ Veg 2			
<b>Grain (Choose 1)</b>			
Bread, Biscuit, Muffin, Breading			
Pasta/Noodles, Rice			

Snack (2 out of 4 components)	Menu item	Portion Size	Number of Portions Prepared
Milk		8oz	
Fruit/Vegetable/Juice			
Bread/Grain			
Meat/Protein			
Other:			

# Completed Daily Menu Record

Breakfast, Lunch/Supper, Snack  
Daily SFSP Menu Record

Sponsor Awesome Sponsor Date: June 4, 2018

Food Production Facility Best Elementary School

Breakfast (3 components)	Menu item	Portion Size	Number of Portions Prepared
Milk	<u>Milk-variety</u>	8oz	<u>110</u>
Fruit/Vegetable/Juice	<u>Peaches</u>	<u>1/2 cup</u>	<u>110</u>
Grain (Choose 1)			
Bread, Biscuit, Muffin,			
Hot Cereal	<u>Oatmeal</u>	<u>1/2 cup</u>	<u>110</u>
Cold Cereal			
Pasta/Noodles, Rice			
OVS (Choose One Additional Component)			

Lunch or Supper (5 components)	Menu Item	Portion Size	Number of Portions Prepared
Milk	<u>Milk-variety</u>	8oz	<u>110</u>
Meat/Protein	<u>Turkey</u>	<u>2oz</u>	<u>110</u>
Fruit/Veg 1	<u>Green beans</u>	<u>1/2 cup</u>	<u>110</u>
Fruit/ Veg 2	<u>Apples</u>	<u>1/2 cup</u>	<u>110</u>
Grain (Choose 1)			
Bread, Biscuit, Muffin, Breading	<u>Bread</u>	<u>2 slices</u>	<u>110</u>
Pasta/Noodles, Rice			

Snack (2 out of 4 components)	Menu item	Portion Size	Number of Portions Prepared
Milk		8oz	
Fruit/Vegetable/Juice			
Bread/Grain			
Meat/Protein			
Other:			



# Cycle Menus

- ☀ Simplifies planning, ordering, preparation, and paperwork.
- ☀ Plan in-season produce
- ☀ Pre-populated menu record saves time.

<b>BREAKFAST</b> <b>July 2013</b> <b>Summerside Cafe</b>				
* monday	* tuesday	* wednesday	* thursday	* friday
<b>1</b> Pancake Breakfast Sandwich OR Cereal with Crackers OR Bagel with Cream Cheese Fresh Fruit/Juice/Milk	<b>2</b> Cheese Omelet with Tater Tots OR Cereal with Crackers OR Bagel with Cream Cheese Fresh Fruit/Juice/Milk	<b>3</b> Signature Coffee Cake OR Cereal with Crackers OR Bagel with Cream Cheese Fresh Fruit/Juice/Milk	<b>4</b> OFF	<b>5</b> OFF
<b>8</b> Pancake Breakfast Sandwich OR Cereal with Crackers OR Bagel with Cream Cheese Fresh Fruit/Juice/Milk	<b>9</b> Cheese Omelet with Tater Tots OR Cereal with Crackers OR Bagel with Cream Cheese Fresh Fruit/Juice/Milk	<b>10</b> Signature Coffee Cake OR Cereal with Crackers OR Bagel with Cream Cheese Fresh Fruit/Juice/Milk	<b>11</b> Muffin Assortment OR Cereal with Crackers OR Bagel with Cream Cheese Fresh Fruit/Juice/Milk	<b>12</b> Cinnamon French Toast OR Cereal with Crackers OR Bagel with Cream Cheese Fresh Fruit/Juice/Milk
<b>15</b> Lemon Mini Loaf OR Cereal with Crackers OR Bagel with Cream Cheese Fresh Fruit/Juice/Milk	<b>16</b> Cheese Omelet with Tater Tots OR Cereal with Crackers OR Bagel with Cream Cheese Fresh Fruit/Juice/Milk	<b>17</b> Signature Coffee Cake OR Cereal with Crackers OR Bagel with Cream Cheese Fresh Fruit/Juice/Milk	<b>18</b> Apple Cinnamon Muffin OR Cereal with Crackers OR Bagel with Cream Cheese Fresh Fruit/Juice/Milk	<b>19</b> Cinnamon French Toast OR Cereal with Crackers OR Bagel with Cream Cheese Fresh Fruit/Juice/Milk
<b>22</b> Lemon Mini Loaf OR Cereal with Crackers OR Bagel with Cream Cheese Fresh Fruit/Juice/Milk	<b>23</b> Cheese Omelet with Tater Tots OR Cereal with Crackers OR Bagel with Cream Cheese Fresh Fruit/Juice/Milk	<b>24</b> Signature Coffee Cake OR Cereal with Crackers OR Bagel with Cream Cheese Fresh Fruit/Juice/Milk	<b>25</b> Apple Cinnamon Muffin OR Cereal with Crackers OR Bagel with Cream Cheese Fresh Fruit/Juice/Milk	<b>26</b> Cinnamon French Toast OR Cereal with Crackers OR Bagel with Cream Cheese Fresh Fruit/Juice/Milk
<b>29</b> Lemon Mini Loaf OR Cereal with Crackers OR Bagel with Cream Cheese Fresh Fruit/Juice/Milk	<b>30</b> Cheese Omelet with Tater Tots OR Cereal with Crackers OR Bagel with Cream Cheese Fresh Fruit/Juice/Milk	<b>31</b> Signature Coffee Cake OR Cereal with Crackers OR Bagel with Cream Cheese Fresh Fruit/Juice/Milk	Join us for breakfast at the Summerside Café. It's FREE to anyone ages 2-18 and features your favorite breakfast treats.	



# Practice filling out menu record form-breakfast



☀ Milk, banana, and cereal for 100 children.



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Breakfast, Lunch/Supper, Snack  
Daily SFSP Menu Record

Sponsor Awesome Sponsor Date: June 4, 2018

Food Production Facility Best Elementary School

Breakfast (3 components)	Menu item	Portion Size	Number of Portions Prepared
Milk	<u>Milk-variety</u>	8oz	<u>110</u>
Fruit/Vegetable/Juice	<u>Banana</u>	<u>1/2 cup</u>	<u>110</u>
Grain (Choose 1)			
Bread, Biscuit, Muffin,			
Hot Cereal			
Cold Cereal	<u>Cheerios</u>	<u>3/4 cup</u>	<u>110</u>
Pasta/Noodles, Rice			
OVS (Choose One Additional Component)			

Lunch or Supper (5 components)	Menu Item	Portion Size	Number of Portions Prepared
Milk		8oz	
Meat/Protein			
Fruit/Veg 1			
Fruit/ Veg 2			
Grain (Choose 1)			
Bread, Biscuit, Muffin, Breading			
Pasta/Noodles, Rice			

Snack (2 out of 4 components)	Menu item	Portion Size	Number of Portions Prepared
Milk		8oz	
Fruit/Vegetable/Juice			
Bread/Grain			
Meat/Protein			
Other:			





# Combination Foods

☀️ Combination foods are foods that contain more than one component that you prepare. The components must be listed separately on the daily menu record.



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# Practice filling out menu record form- lunch

☀ Turkey pot pie, mixed greens, apples, and milk for 100 children.



Breakfast, Lunch/Supper, Snack Daily SFSP Menu Record			
Sponsor: <u>Awesome Sponsor</u>		Date: <u>June 4, 2018</u>	
Food Production Facility: <u>Best Elementary School</u>			
Breakfast (3 components)	Menu item	Portion Size	Number of Portions Prepared
Milk		8oz	
Fruit/Vegetable/Juice			
Grain (Choose 1)			
Bread, Biscuit, Muffin,			
Hot Cereal			
Cold Cereal			
Pasta/Noodles, Rice			
OVS (Choose One Additional Component)			
Lunch or Supper (5 components)	Menu Item	Portion Size	Number of Portions Prepared
Milk	<u>Milk-variety</u>	8oz	<u>110</u>
Meat/Protein	<u>Turkey</u>	<u>2oz</u>	<u>110</u>
Fruit/Veg 1	<u>mixed greens</u>	<u>1/2 cup</u>	<u>110</u>
Fruit/ Veg 2	<u>Apples</u>	<u>1/2 cup</u>	<u>110</u>
Grain (Choose 1)			
Bread, Biscuit, Muffin, Breading	<u>Biscuit crust</u>	<u>1 serving</u>	<u>110</u>
Pasta/Noodles, Rice			
Snack (2 out of 4 components)	Menu item	Portion Size	Number of Portions Prepared
Milk		8oz	
Fruit/Vegetable/Juice			
Bread/Grain			
Meat/Protein			
Other:			





# Processed Combination Food (CN Label)

Foods that contain more than one component **and** that come from a food supplier (Sysco, Gordons, etc.)



# CN (Child Nutrition) Label

## \*\*keep these in your records\*\*



PN: 2456132-68 [Front of Ply 1]

## CORN DOGS

WHOLE GRAIN BATTER WRAPPED FRANKS ON A STICK  
MADE WITH TURKEY, PORK & BEEF

**HEATING INSTRUCTIONS**

OVEN TYPE	SETTINGS	THAWED	FROZEN
CONVENTIONAL	375°	15 minutes	25 minutes
CONVECTION	350°	15 minutes	25 minutes
DEEP FRYER	350°	8 minutes	10 minutes
MICROWAVE	HIGH	60 seconds	90 seconds

HEAT TO AN INTERNAL TEMPERATURE OF 160°F. HOLD AT 140°F OR ABOVE.  
HEATING TIMES MAY VARY WITH EACH OVEN.

CALL US: 1-800-261-4754  
Web: www.saraleefoodservice.com

### 28321

#### Nutrition Facts

Serving Size 1 Corn Dog (113g)  
Servings Per Container 48

Amount Per Serving	
Calories 310	Calories from Fat 140
% Daily Value*	
Total Fat 16g	24%
Saturated Fat 4g	21%
Trans Fat 0g	
Cholesterol 40mg	13%
Sodium 670mg	28%
Total Carbohydrate 32g	11%
Dietary Fiber 2g	8%
Sugars 10g	
Protein 10g	
Vitamin A 2%	Vitamin C 15%
Calcium 6%	Iron 10%

\*Percent Daily Values are based on a 2,000 calorie diet.

INGREDIENTS: BATTER: WATER, ENRICHED WHEAT FLOUR (ENRICHED WITH NIACIN, IRON, THIAMINE, MONONITRATE, RIBOFLAVIN, FOLIC ACID), WHOLE GRAIN CORN MEAL, SUGAR, WHOLE WHEAT FLOUR, CONTAINS 2% OR LESS: LEAVENING (SODIUM ACID PYROPHOSPHATE, SODIUM BICARBONATE), MODIFIED WHEAT STARCH, SOYBEAN OIL, SALT, SOY LECITHIN, NATURAL AND ARTIFICIAL FLAVOR, HONEY SOLIDS (WITH WHEAT STARCH, CALCIUM STEARATE, LECITHIN), NONFAT DRY MILK, DRIED WHOLE EGG. COOKED IN VEGETABLE OIL. FRANK: MECHANICALLY SEPARATED TURKEY, PORK, WATER, CORN SYRUP, SOY PROTEIN CONCENTRATE, FLAVORINGS, BEEF, CONTAINS 2% OR LESS OF: SALT, DEXTROSE, POTASSIUM LACTATE, SODIUM DIACETATE, ASCORBIC ACID (VITAMIN C), NATURAL HICKORY SMOKE FLAVOR, EXTRACTIVES OF PAPRIKA, SODIUM NITRITE. CONTAINS EGG, MILK, SOY AND WHEAT

Fun Foods in the Hands of Everyone!®

Sara Lee Foodservice, A Division of  
The Hillshire Brands Company, Chicago, IL 60607 USA  
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6880061L  
**FULLY COOKED  
KEEP FROZEN**

PACKED 48-4 OZ (113g)  
NET WT 12 LB (5.44 kg)

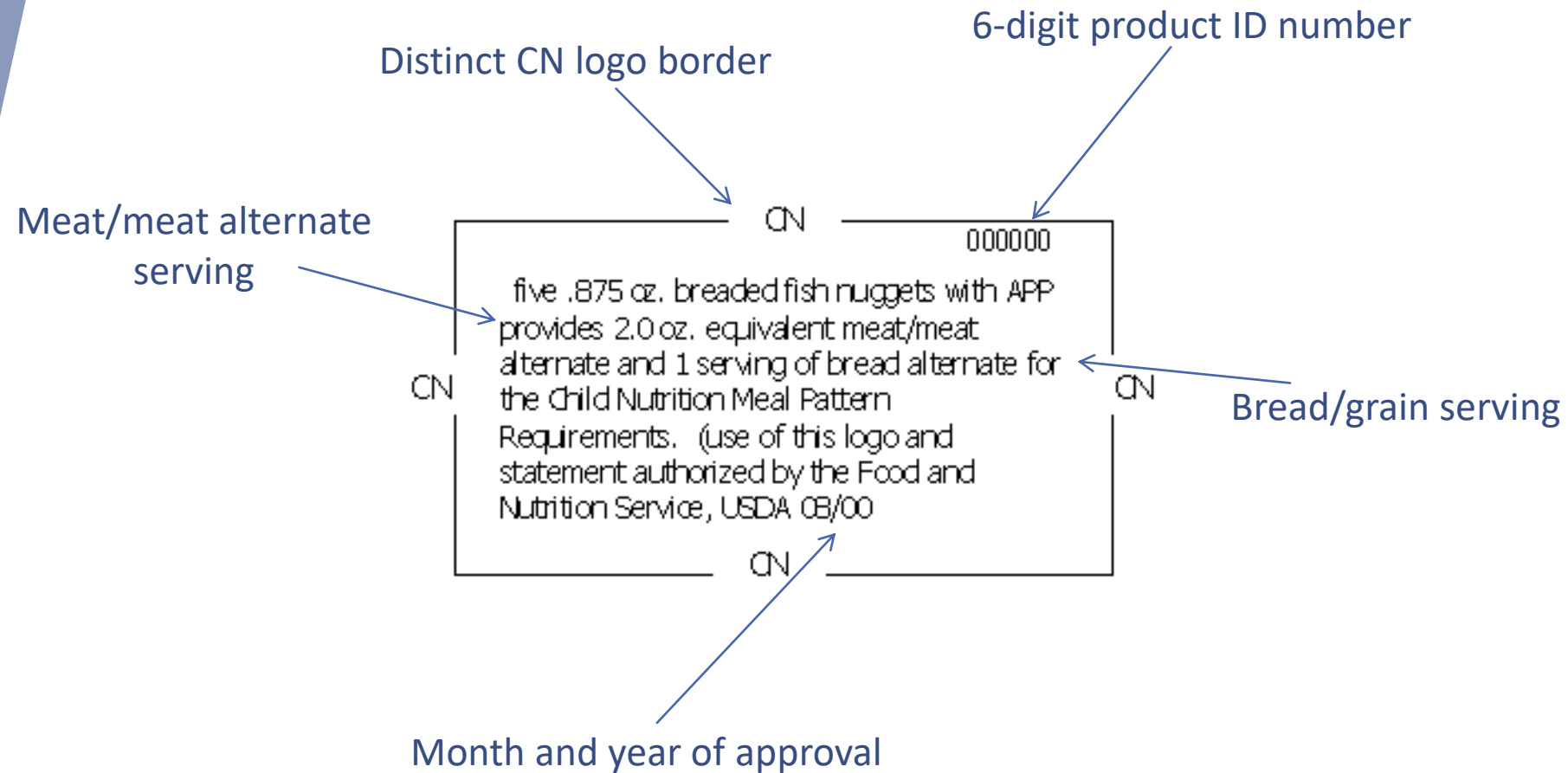
1 00 71068 28321 3 Rev. 04/13

Each 4.00 oz Corn Dog provides 2.00 oz equivalent meat/meat alternate and 2.00 oz equivalent grains for Child Nutrition Meal Pattern Requirements. (Use of this logo and statement authorized by the Food and Nutrition Service, USDA (05-13).)

five .875 oz. breaded fish nuggets with APP provides 2.0 oz. equivalent meat/meat alternate and 1 serving of bread alternate for the Child Nutrition Meal Pattern Requirements. (Use of this logo and statement authorized by the Food and Nutrition Service, USDA 08/00)

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# Practice filling out menu record— CN label for spaghetti sauce



## SEASONED & FULLY COOKED SPAGHETTI SAUCE WITH MEAT AND ISOLATED SOY PROTEIN PRODUCT

CARAMEL COLOR ADDED

INGREDIENTS: WATER, GROUND BEEF (NOT MORE THAN 24% FAT), TOMATO PASTE, ISOLATED SOY PROTEIN PRODUCT (ISOLATED SOY PROTEIN, MAGNESIUM OXIDE, ZINC OXIDE, NIACINAMIDE, FERROUS SULFATE, VITAMIN B12, COPPER GLUCONATE, VITAMIN A PALMITATE, CALCIUM PANTOTHENATE, PYRIDOXINE HYDROCHLORIDE, THIAMINE MONONITRATE, RIBOFLAVIN), DICED ONIONS, SUGAR, AND 2% OR LESS OF THE FOLLOWING: SALT, SPICES, DEHYDRATED ONION, DEHYDRATED GARLIC, DEHYDRATED PARSLEY, BLEACHED WHEAT FLOUR, MODIFIED CORN STARCH, CANOLA OIL, COTTONSEED OIL, CARAMEL COLOR, TOMATO POWDER, ROLLED OATS, MALTODEXTRIN, NATURAL FLAVORS, CITRIC ACID. CONTAINS SOY AND WHEAT

**SAMPLE COPY NOT FOR DOCUMENTING FEDERAL MEAL REQUIREMENTS**

CN		084732
CN	This 33 lb. box contains six bags (88 ounce each). Each 88 oz. bag provides 18 - 4.65 oz. servings. Each 4.65 oz. serving (By Weight) of SPAGHETTI SAUCE WITH MEAT provides 2.00 oz. equivalent meat/meat alternate and 1/4 cup red/orange vegetable for Child Nutrition Meal Pattern Requirements. (Use of this logo and statement authorized by the Food and Nutrition Service, USDA 08-12.)	CN
CN		

NOT FOR RETAIL SALE

NET WT.  
33 LBS - 6 BAGS

Distributed By:  
AdvancePierre Foods, Inc.  
9990 Princeton Glendale Rd.  
Cincinnati, OH 45246

KEEP FROZEN  
**32433-330**

KB4274 11/06/12

Breakfast, Lunch/Supper, Snack  
Daily SFSP Menu Record

Sponsor Awesome Sponsor Date: June 4, 2018

Food Production Facility Best Elementary School

Breakfast (3 components)	Menu item	Portion Size	Number of Portions Prepared
Milk		8oz	
Fruit/Vegetable/Juice			
<b>Grain (Choose 1)</b>			
Bread, Biscuit, Muffin,			
Hot Cereal			
Cold Cereal			
Pasta/Noodles, Rice			
OVS (Choose One Additional Component)			

Lunch or Supper (5 components)	Menu Item	Portion Size	Number of Portions Prepared
Milk	<u>Milk-variety</u>	8oz	<u>110</u>
Meat/Protein	<u>Spaghetti CN</u>	<u>2oz</u>	<u>110</u>
Fruit/Veg 1	<u>Spaghetti CN</u>	<u>1/4 cup</u>	<u>110</u>
Fruit/ Veg 2	<u>Applesauce</u>	<u>1/2 cup</u>	<u>110</u>
<b>Grain (Choose 1)</b>			
Bread, Biscuit, Muffin, Breading			
Pasta/Noodles, Rice	<u>Noodles</u>	<u>1/2 cup</u>	<u>110</u>

Snack (2 out of 4 components)	Menu item	Portion Size	Number of Portions Prepared
Milk		8oz	
Fruit/Vegetable/Juice			
Bread/Grain			
Meat/Protein			
Other:			

# What is Offer vs Serve?

**Offer Versus Serve** or OVS is an option that allows students to decline some of the food offered in a reimbursable breakfast, lunch or supper.

The goals of OVS are to **reduce food waste** and to **allow students to choose** the foods they want to eat.


The difference between *food item* and *component* is very important in Offer vs. Serve.

Offer vs. Serve is **optional**. In OVS, a child may choose to take everything that is offered.

Make sure to have enough of an item available in case all the children would choose it.

# OVS is optional!

## Breakfast

 Sponsor prepares *required 3* components (milk, fruit/vegetable, grains/breads) *plus one additional from ANY component group except milk.* (fruit/vegetable, grain/bread, or meat/meat alternate.)

 Four items are offered and one may be declined.



# OVS Breakfast---easy

☀️ **Sponsor prepares 4 items:**

*required* 3 components (milk, 1 fruit **or** vegetable and a grain **or** bread) *plus one additional from ANY component group except milk.* (fruit/vegetable, grain/bread, or meat/meat alternate.)



In OVS, a child must take at least **3 *different* items** for a reimbursable breakfast .



# Let's Practice!

Planned Breakfast Menu		Meal Selections	Reimbursable Meal?
Meal Component	Food items	Child Selects	
Milk G/B F/V M/MA	1% Milk (8 oz) WG Toast (1 oz) Strawberries (1/2 c) Peanut Butter (2 TBSP)	Milk Toast Peanut Butter	
		Toast Peanut Butter	
		Strawberries Strawberries Toast	
		Strawberries Toast Peanut Butter	



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# OVS Lunch/Dinner

Sponsor prepares all *required components* of meal pattern: milk, fruit or vegetable, second fruit or vegetable, grain or bread and meat or meat alternate.  
(5 items)



In OVS, *taking ONE* fruit or vegetable will fulfill the fruit/vegetable requirement.

# OVS Lunch and Supper

The participant must take at least **three *different components***.

( Choose 3 COMPONENTS not items)





# Is this OVS lunch reimbursable?



☀ Sponsors who elect OVS for one or more of their sites/meals must ensure that the site supervisor **completely understands** what is required for a reimbursable meal.



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# Special Dietary Needs

- ☀ Medical statement form for participants with a special dietary needs must be filled out by a **medical authority**. (one who can write prescriptions)
- ☀ The form can be found on the KDE SFSP website. [Medical Statement](#)
- ☀ **Must include:** medical or other special dietary condition that restricts the child's diet, the food or foods that are to be omitted and the food or foods that may be substituted.

# Special dietary needs

*Revised FY2014-2015*

<b>Part 1. To be completed by a Parent, Guardian, or Authorized Representative</b>		
Participant's Name:		Birthday:
Parent/Guardian/Authorized Representative name:		
Home Phone: (    )		Work Phone: (    )
Address:		
City:	State:	Zip:

<b>Part 2. For Participants with a DISABILITY-Licensed Physician must complete</b>	
Describe the patient's disability and the major life activities that are affected by the disability: _____ _____ _____	
Foods to be omitted:	Substitutions:
_____ _____ _____	_____ _____ _____
Please list foods and information regarding any needed texture changes (chopped, ground, pureed, etc.): _____ _____ _____	
Please provide any other information regarding the diet: _____ _____ _____	

<b>Part 3. For Participants with special Dietary needs that are NOT A DISABILITY-Recognized Medical Authority must complete</b>	
Describe the medical or other special dietary need that restricts the participant's diet: _____ _____ _____	
Foods to be omitted:	Substitutions:
_____ _____ _____	_____ _____ _____

_____ Physician/Medical Authority's Signature	_____ Date
_____ Printed Name and Title	_____ Telephone

\*7 CFR 226.20 (h)



# Goals/ Overview of Today's Training

☀ Whose meals are **reimbursable**? Where can a **site** be located?

☀ What is **required** before you begin serving meals?

☀ **What is procurement** and why is it important?







# KY Summer Food Service Program

Purchasing for Success in the Summer Meals Program and KVIP

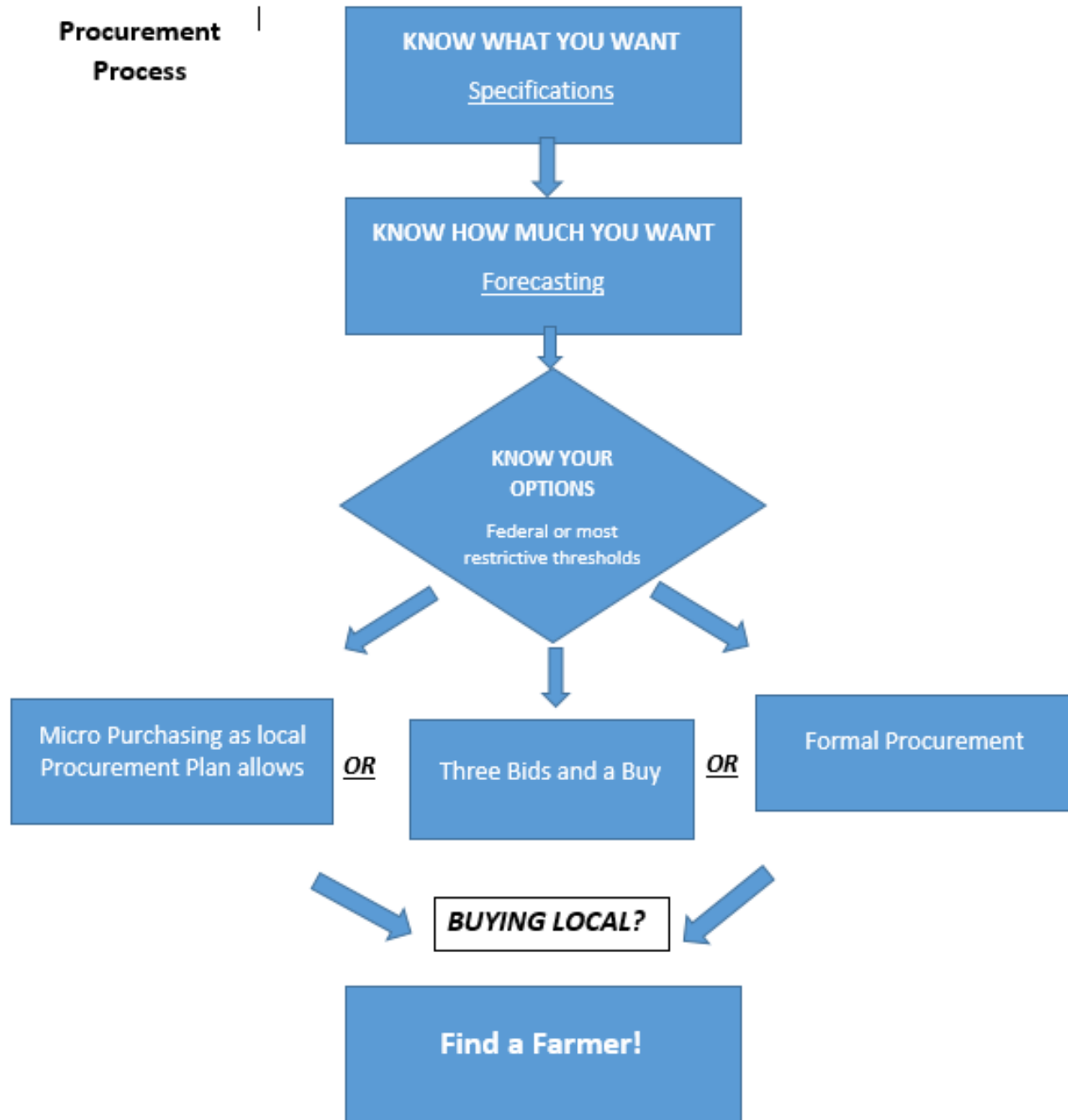


# What Is Procurement?

Procurement is the purchasing of goods and services.  
The procurement process involves:

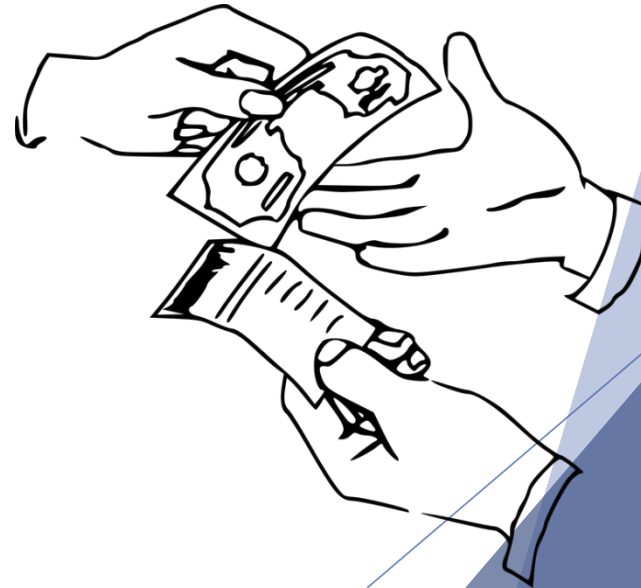


Procurement  
Process





You Control your purchases-the power to purchase well is in your hands!!!



# State and Local Procurement Policies

- Sponsors must be aware of federal, state and local procurement requirements and comply with all levels.
- School Sponsors-check your local procurement plan
- Non-profit sponsors-does your governing board have procurement requirements
- **Knowledge is Power!! Find out what you can do and use your options to purchase!**



Image Envision • 22331





# Knowledge is Power!

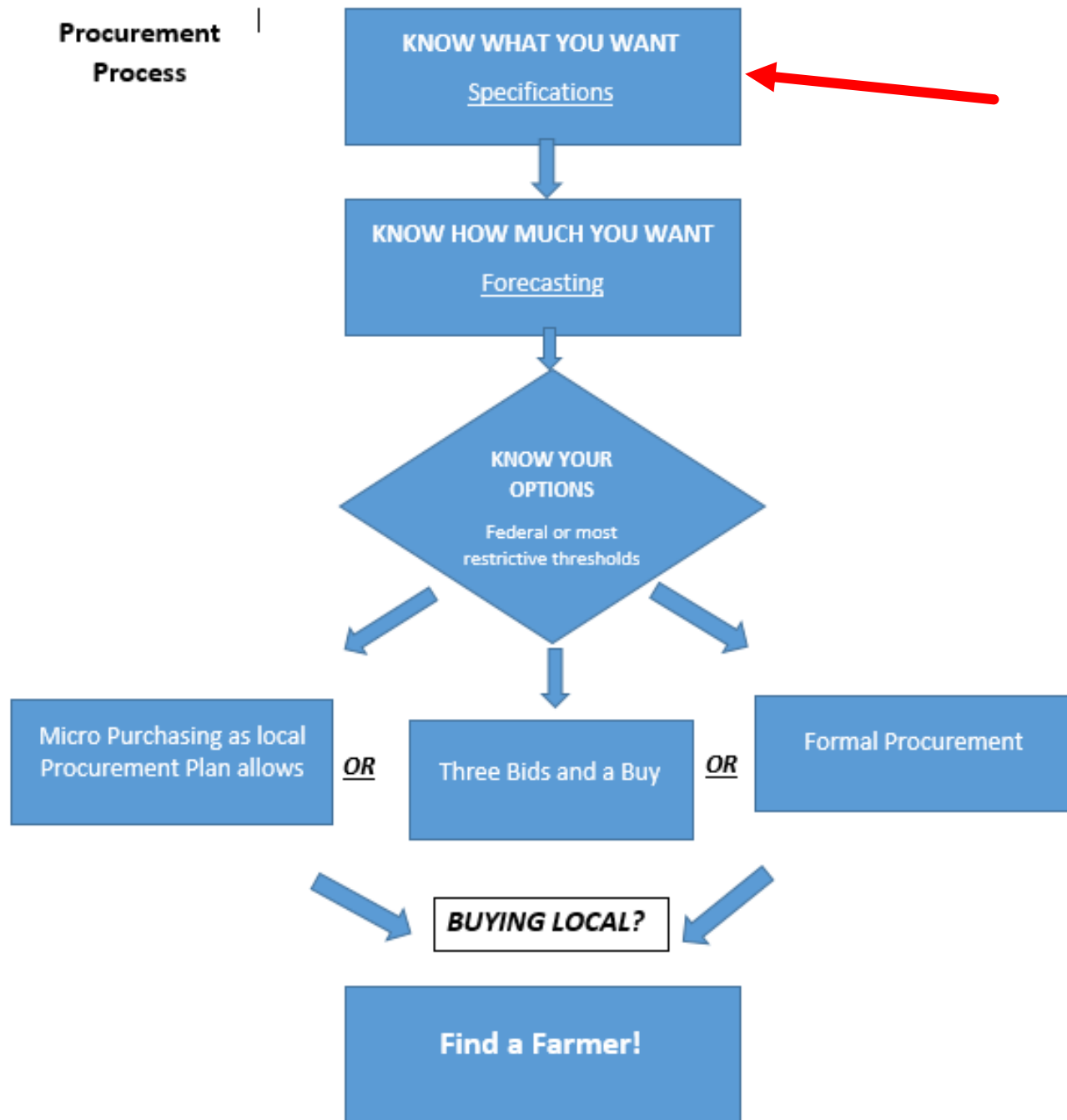
## Understand your threshold!

- Federal Small Purchase Threshold = **\$150,000**- applies to Non-profit SFSP sponsors
- Kentucky Model Procurement Threshold = **\$20,000** (applies to most school districts)
- Local district Small Purchase Threshold = Follow Local Procurement Plan
- Micro Purchase threshold = **\$3,500** or local Procurement Plan

Where do you fall?



Procurement  
Process



# Know What You Want

- Cycle menus?
- Product availability?
- What do the kids like?
- Write your specifications



# Potential Specifications, Requirements, and Evaluation Criteria to Target Local Products

- » Particular varieties unique to the region
- » Freshness (e.g. Delivered within 48 hours)
- » Size of farm
- » Harvest techniques
- » Crop diversity
- » Origin labeling
- » Able to provide farm visits or class visits



## Other Things to Consider When Writing Solicitations to Target Local Products

- Be flexible
- Don't include unnecessary requirements
- Consider what a vendor new to the school food market might not know
  - » Condition upon receipt of product
  - » Food safety needs
  - » Size uniformity





## Example: Use Product Specifications

### Product Specification

- Granny Smith,
- US. Fancy,
- Five 185 count boxes per week for September - December





## Example: Use Product Specifications

### Product Specification

- Granny Smith or local variety,
- US. Fancy or No. 1,
- 2 7/8 size Prefer 125 count boxes per week but willing to consider other pack sizes for September – December
- Delivered within 48 hours of harvest



## Specification writing practice:

- find specs on KDA website ([kyagr.com](http://kyagr.com) > “Promotional” tab> “Farm to School”>scroll down to “additional links”
- write a specification!

# What does local mean?



Who Defines Local?

The sponsor (purchaser)

# Two Ways to Use Specification and Requirements to Target Local Products

1. Use product specifications
2. Use additional requirements to determine vendor responsiveness





# Use Product Specifications to Target a Local Item

Consider requesting:

- A variety that is unique to the region
- Product delivery within 24 or 48 hours of harvest



# Competition Killers

## Do not...

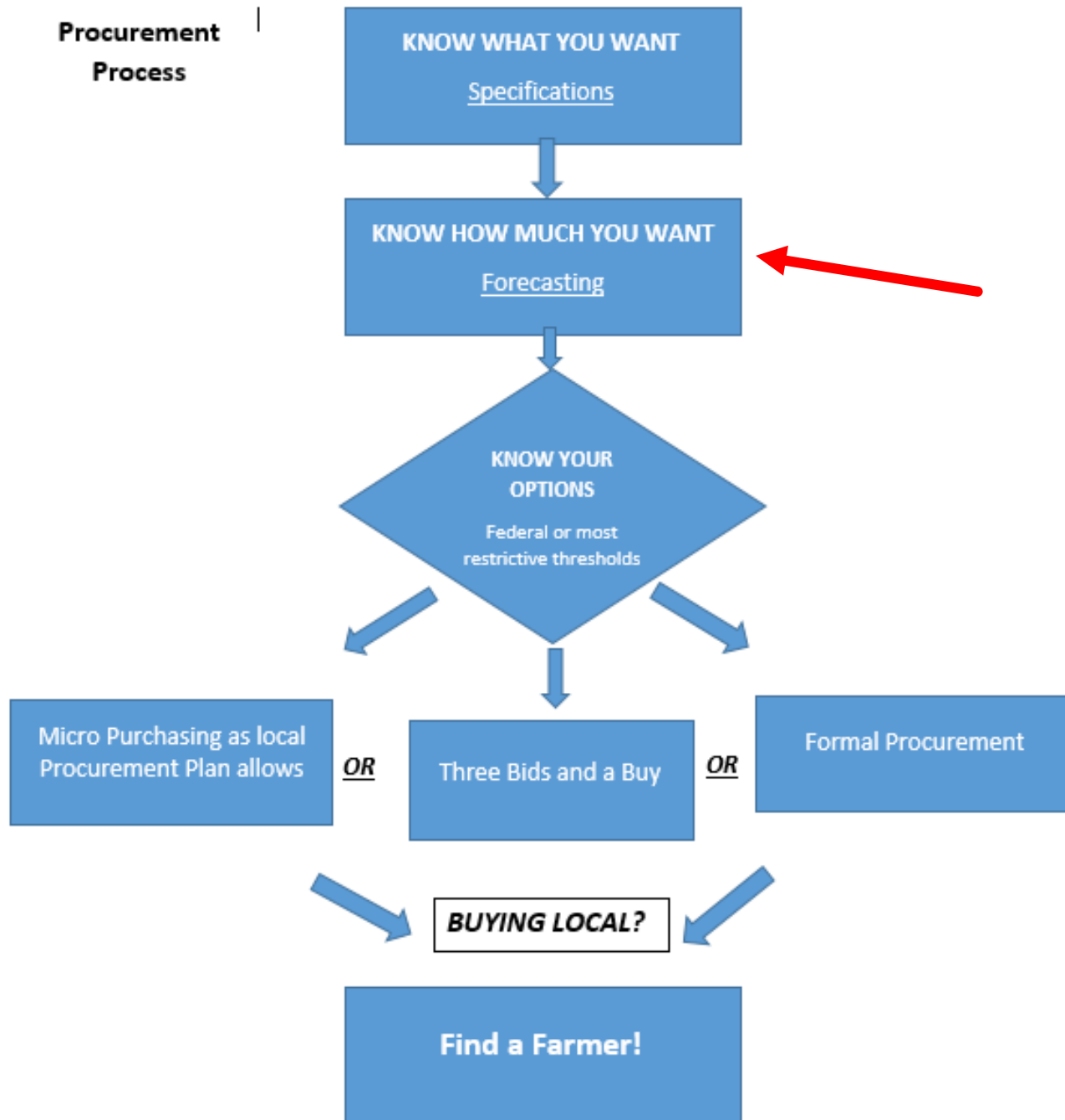
- Place unreasonable requirements on firms;
- Require unnecessary experience;
- Give noncompetitive awards to consultants or vendors;
- Have organizational conflicts of interest;
- Specify only brand name products;
- Make arbitrary decisions in the procurement process;
- Write bid specifications that are too narrow and limit competition;
- Allow potential contractors to write or otherwise influence bid specifications; or,
- Provide insufficient time for vendors to submit bids.
- **Use local as a product specification.**



shutterstock - 187199711



Procurement  
Process



# Know How Much You Want of an Item

## Forecasting

- How many meals/servings?
- Look at previous year(s)



Most Important thing about purchasing is?

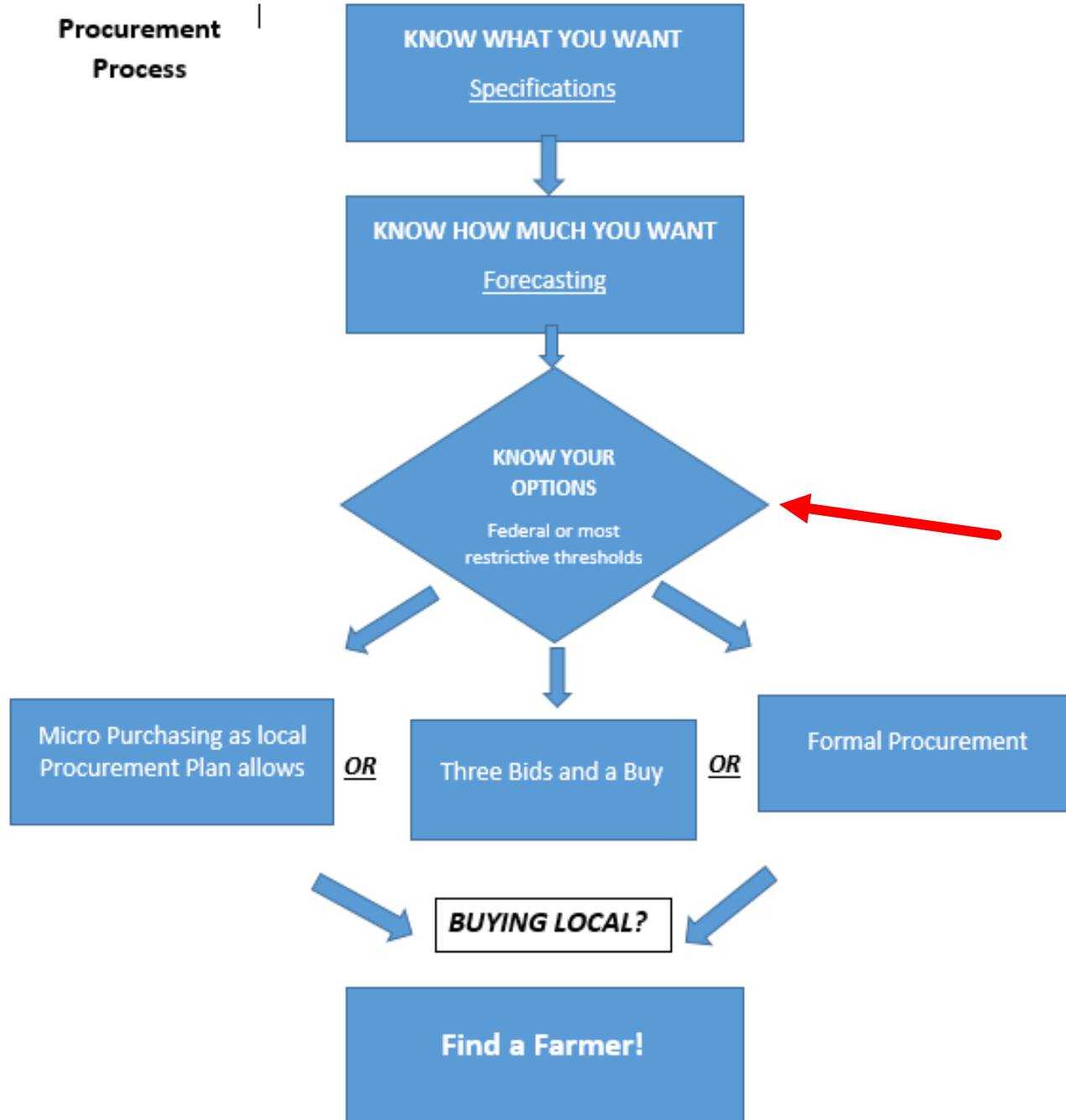
***Documentation!!***

**Sponsors are likely doing procurement just as required but must have documentation to show this!!**





Procurement  
Process



# Know Your Options

- Can you micropurchase? If yes, what is your threshold?
- Will you do informal procurement? Three bids and a buy-what is your threshold
- Will you do a formal bid process?



# Micro Purchasing

- *Federal threshold* \$3500 or less for all items purchased at one time. “per transaction”
- Does your local procurement plan allow and if so, what is the threshold?
- Must purchase from different available vendors to “share the wealth”  
(not purchase from same vendor each time)



## Example!

Sponsor has apples on menu. The forecast is that 100 cases of apples will be needed, 25 cases at a time, and the specification has been written for Jonagold, or red delicious. Farmers Jones, Green and Brown all grow apples of this variety, as well as other varieties. Quotes are not necessary to compare prices. Sponsor calls Farmer Jones and finds that he can supply 25 cases immediately. For the next three orders, the sponsor will alternate between Farmer Green, Brown and possibly Jones again to share the wealth and meet projected requirement. Sponsor keeps receipts and this shows that purchases were made as equitably as possible.



# Small Purchase Procurement

- Unable or not interested in Micropurchasing? What is your small purchase threshold? Knowledge is power!
- If sponsor chooses to comparison price an item, it is not micropurchasing, but small purchase procedures! 3 bids and a buy
- Request prices for a specified item from three vendors. (request but may not receive responses from all-document!)





# Quotation example



REQUEST FOR QUOTATIONS



DOCUMENTATION FOR QUOTATIONS  
VERBAL AND/OR WRITTEN

(Please print or type)

		VENDOR 1				VENDOR 2				VENDOR 3						
		Telephone No:														
		Vendor Name:														
(Date)			Certified Minority:		Yes		No		Yes		No		Yes		No	
		Address:														
(Division)			City/State/Zip:													
		Delivery Date:														
(Buyer)			Quoted By:													
		Shipping/Freight:														
Item	Quantity	Unit	Description	Unit Price	Extended Price	Unit Price	Extended Price	Unit Price	Extended Price	Unit Price	Extended Price	Unit Price	Extended Price			
1																
2																
3																
4																
5																
6																
7																
8																
Please Check Type, as appropriate: Verbal <input type="checkbox"/> Written <input type="checkbox"/>				Total												
				Award												

If Total Purchase is not made from one Vendor, circle extended price of items awarded and sum awards at bottom of column.

Single Quote Explanation/Documentation of Single Source:

# What if your purchase falls under Formal Purchasing?

- Sealed bids (IFBs) or
- Competitive Proposals (RFPs)
- Require public advertising



# *Formal Purchase Methods*

## IFB

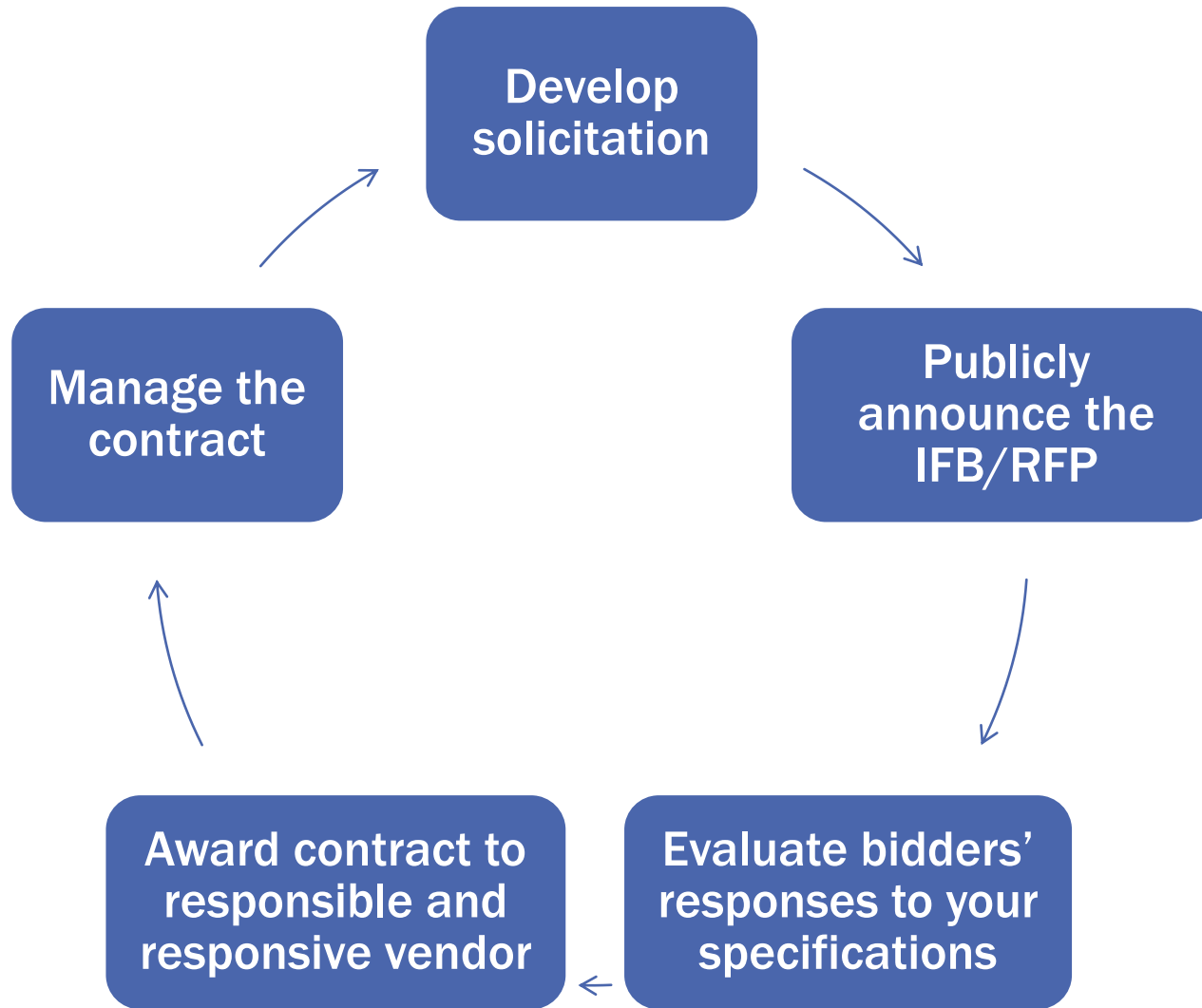
The responsible and responsive vendor with the lowest price.

## RFP

The responsible and responsive vendor with the highest score.  
Criteria other than price considered.



# *The Formal Procurement Process*





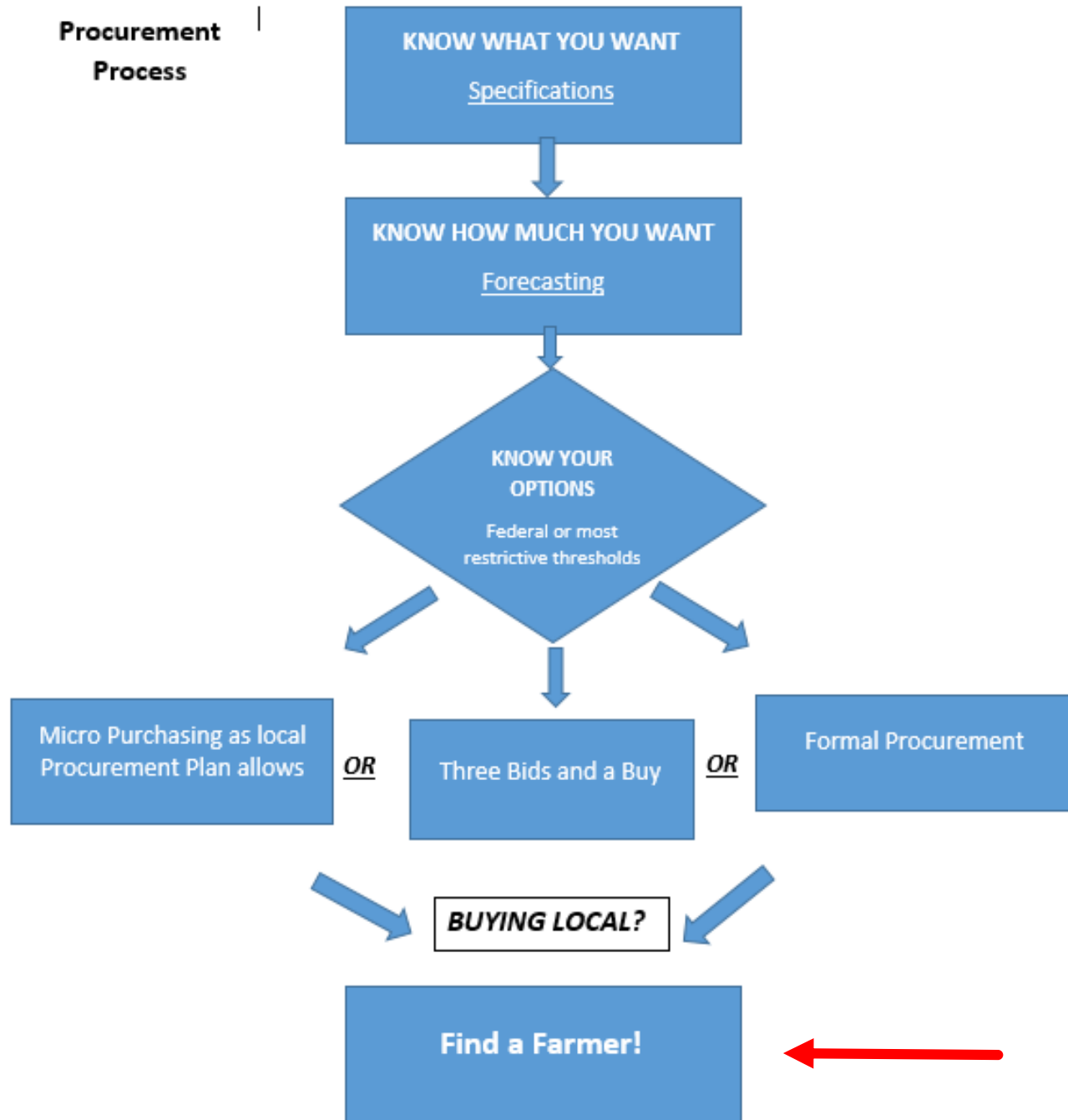
# Responsive and Responsible

**Awards must be made to vendors that are responsive and responsible.**

- Responsive means that the vendor submits a bid that conforms to all terms of the solicitation.
- Responsible means that the vendor is capable of performing successfully under the terms of the contract.



Procurement  
Process



# Kentucky Vegetable Incentive Program



What is it?

Advantages

How to apply

# Goals/ Overview of Today's Training

☀ Whose meals are **reimbursable**? Where can a **site** be located?

☀ What is **required before you begin serving meals**?

☀ What is **procurement** and why is it important?

☀ It's **meal time**, now what?



# Daily Meal Count Form for Open and Closed Enrolled Sites

- ☀️ A count of meals must be taken at the **time of service**.
- ☀️ Use the **daily meal count form**.
- ☀️ Daily meal count sheets should be turned in to a sponsor **at least once a week**.



# Let's look at what needs to be documented!



DAILY MEAL COUNT FORM	
Site Name: <u>Harrod Elementary School</u>	Meal Type (circle): B <u>I</u> SN SU
Address: <u>300 Harrod Street Oaktown, KY</u>	Telephone: <u>123-456-7890</u>
Supervisor's Name: <u>Cyndi Lee</u>	Delivery Time: <u>N/A</u> Date: <u>July 1, 2017</u>
Meals received/prepared <u>17</u> + Meals available from previous day <u>10</u> = <u>27</u> (Total meals available) [1]	
First Meals Served to Children (cross off number as each child receives a meal):	
<u>1</u> <u>2</u> <u>3</u> <u>4</u> <u>5</u> <u>6</u> <u>7</u> <u>8</u> <u>9</u> <u>10</u> <u>11</u> <u>12</u> <u>13</u> <u>14</u> <u>15</u> <u>16</u> <u>17</u> <u>18</u> <u>19</u> <u>20</u>	
<u>21</u> <u>22</u> <u>23</u> 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40	
41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60	
61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80	
81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100	
101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120	
121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140	
141 142 143 144 145 146 147 148 149 150	
Total First Meals + <u>23</u> [2]	
Second meals served to children:	
1 2 3 4 5 6 7 8 9 10	
Total Second Meals + <u>0</u> [3]	
Meals served to Program adults:	
<u>1</u> <u>2</u> <u>3</u> <u>4</u> 5 6 7 8 9 10	
Total Program Adult Meals + <u>4</u> [4]	
Meals served to non-Program adults:	
1 2 3 4 5 6 7 8 9 10	
Total non-Program Adult Meals + <u>0</u> [5]	
TOTAL MEALS SERVED = <u>27</u> [6]	
Total damaged/incomplete/other non-reimbursable meals + <u>4</u> [7]	
Total leftover meals + <u>0</u> [8]	
Total of items: [6] <input type="checkbox"/> + [7] <input type="checkbox"/> + [8] <input type="checkbox"/> = [9] (Item [9] should be equal to item [1])	
Number of additional children requesting a meal after all available meals were served:	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	
By signing below, I certify that the above information is true and accurate:	
<u>Cyndi Lee</u> Signature	<u>July 1, 2017</u> Date

# Daily Meal Count Practice!

DAILY MEAL COUNT FORM	
Site Name: <u>City Park</u>	Meal Type (circle): B <u>L</u> SN SU
Address: <u>105 Main Street</u>	Telephone: <u>859-317-555</u>
Supervisor's Name: <u>Tom Smith</u>	Delivery Time: <u>11:30</u> Date: <u>July 2, 2018</u>
Meals received/prepared <u>30</u> + Meals available from previous day <u>2</u> = <u>32</u> (Total meals available) [1]	
First Meals Served to Children (cross off number as each child receives a meal):	
<u>X</u> 1 <u>X</u> 2 <u>X</u> 3 <u>X</u> 4 <u>X</u> 5 <u>X</u> 6 <u>X</u> 7 <u>X</u> 8 <u>X</u> 9 <u>X</u> 10 <u>X</u> 11 <u>X</u> 12 <u>X</u> 13 <u>X</u> 14 <u>X</u> 15 <u>X</u> 16 <u>X</u> 17 <u>X</u> 18 <u>X</u> 19 <u>X</u> 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150	
Total First Meals +	<u>31</u> [2]
Second meals served to children:	
1 2 3 4 5 6 7 8 9 10	Total Second Meals + <u>0</u> [3]
Meals served to Program adults:	
<u>X</u> 1 2 3 4 5 6 7 8 9 10	Total Program Adult Meals + <u>1</u> [4]
Meals served to non-Program adults:	
1 2 3 4 5 6 7 8 9 10	Total non-Program Adult Meals + <u>0</u> [5]
TOTAL MEALS SERVED = <u>32</u> [6]	
Total damaged/incomplete/other non-reimbursable meals + <u>1</u> [7]	
Total leftover meals + <u>0</u> [8]	
Total of items: [6] <input type="checkbox"/> + [7] <input type="checkbox"/> + [8] <input type="checkbox"/> = [9] (Item [9] should be equal to item [1])	
Number of additional children requesting a meal after all available meals were served: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	
By signing below, I certify that the above information is true and accurate:	
Signature: <u>Tom Smith</u>	Date: <u>7/2/18</u>





# Mobile Meal Count Sheet

Kentucky Department of Education  
School and Community Nutrition-Summer Food Service Program



## Mobile Feeding Daily Meal Count Sheet

Sponsor Name:		Meal Type (circle) :      B    L    SN    SU		
Sponsor Contact Number:		Date:		
# of Meals Available at Route Start:		# of Meals Leftover at Route End:		
Site Supervisor's Name:				
CNIPS Site Number/Name	First Meals Served	Second Meals Served	Total First Meals	Total Second Meals
Totals Meals for all Sites/Stops				
By signing below, I certify that the above information is true and accurate:				
Mobile Feeding Site Supervisor Signature		Date		



# Completed Mobile Meal Count Sheet

Kentucky Department of Education  
School and Community Nutrition-Summer Food Service Program



## Mobile Feeding Daily Meal Count Sheet

Sponsor Name: <u>Sherry Lee</u>	Meal Type (circle): <u>(B)</u> L SN SU
Sponsor Contact Number: <u>502-791-5555</u>	Date: <u>August 1, 2018</u>
# of Meals Available at Route Start: <u>30</u>	# of Meals Leftover at Route End: <u>7</u>
Site Supervisor's Name: <u>Joe North</u>	

CNIPS Site Number/Name	First Meals Served	Second Meals Served	Total First Meals	Total Second Meals
412 First Baptist	III IIII	II	9	2
387 Town Apts.	III IIII II		12	0
Totals Meals for all Sites/Stops			21	2

By signing below, I certify that the above information is true and accurate:

Joe North  
Mobile Feeding Site Supervisor Signature

8/1/18  
Date



# Second Meals

- ☀️ The main goal of SFSP is for each child to get **one meal**.
- ☀️ The meal requirements are **minimums**. You may serve larger portions!
- ☀️ You may not claim second meals served in **excess of 2%** of the number first meals served by type during the claiming period.
- ☀️ The 2% calculation is **automatically generated** in CNIPS based on the numbers you enter.



# Site Record of Meals Served

This form is to be completed **each day** and is to stay at the site. Sites that serve meals for one week or less do not need to keep this form.



Kentucky Department of Education  
School and Community Nutrition  
SFSP SITE RECORD OF MEALS SERVED

Site Name: City Park Site Supervisor: Tom Smith

Meal Service: ☐ Breakfast ☐ A.M. Snack ☒ Lunch ☐ P.M. Snack ☐ Supper Date: July 1- July 5, 2018

Note: A copy of this form must be maintained at the site for the duration of the site's operations.

DATE	DAY	# OF MEALS AVAILABLE*	# OF FIRST MEALS SERVED	# OF SECOND MEALS SERVED	# OF LEFTOVERS
7/1	Monday	40	33	5	2
7/2	Tuesday	32	32	0	0
7/3	Wednesday	35	34	0	1
	Thursday				
	Friday				
	Saturday				
	Sunday				
	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				
	Saturday				
	Sunday				
	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				
	Saturday				
	Sunday				
	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				
	Saturday				
	Sunday				

DATE	DAY	# OF MEALS AVAILABLE*	# OF FIRST MEALS SERVED	# OF SECOND MEALS SERVED	# OF LEFTOVERS
	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				
	Saturday				
	Sunday				
	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				
	Saturday				
	Sunday				
	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				
	Saturday				
	Sunday				

**Instructions:** Record the number of meals available\*, the number of first meals served to children, the number of second meals served to children, and the number of leftovers each day per meal service your site is operating. This number should be copied from your Daily Meal Count Form. Maintain this form at your site as a record of total meals served.

\* Number of Meals Available includes the number of meals prepared, or delivered, plus left over from previous day if applicable. (Revised from 2010 form)

KYMC01 11/19/10

# What about meals served to adults?

Reimbursable?

Parents?

Staff over 18?

Uncle Steve visiting from Pittsburg?

Children 18 and under?



# Congregate Feeding... what is it?



Children eat together in a supervised setting. This is a **requirement for meals to be reimbursable!**

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# Other Meal Service Requirements

☀ A sharing table may be designated for **whole items that children choose not to eat**, as long as the practice is in compliance with local and State health and safety codes.

☀ A sharing table is **OPTIONAL!**



One fruit, vegetable or grain item that is not eaten may be taken off site by the participant.

# What about foods kids don't want... or leftovers?

- ☀️ **Whole foods** not eaten may be served at future meal services (whole oranges, unopened packages, etc.)
- ☀️ **Unopened** milk and juice must be **kept at the correct temperature**
- ☀️ Leftovers may be **donated** to food pantries or organizations that feed the hungry
- ☀️ **No reimbursements for donated food**



# Sponsors Monitoring Their Sites

☀ Site **pre-approval visit** for **NEW** sites and **sites with previous problems**. (May be waived for SFAs/PNP who participate in NSLP/CACFP and are in good standing.)

☀ **First week visit** for **NEW** sites and **with previous problems**. (May be waived for SFAs/PNP who participate in NSLP/CACFP and are in good standing.)

☀ **Monitor review** ( required at **ALL SITES**): done within the first four weeks of program operations

☀ **KDE SFSP Forms**



# Monitors and Site Supervisors

- ☀️ Programs have monitors and site supervisors.
- ☀️ Directors of small programs might also do the monitoring.
- ☀️ The monitor is very valuable in reporting back to the central office about how sites are doing.
- ☀️ A site supervisor can be a monitor, but not for their own site. There must be a separation of duties.



# Monitoring Tips

- ☀ Remember to include the **review date** and **arrival** and **departure time** for the review.
- ☀ Be sure **all questions are answered** or indicate 'N/A' for those that do not apply.
- ☀ If problems are found, be sure to clearly indicate what the problem was; provide as much **detail** as possible. Document what **Corrective Action** was taken.
- ☀ **Sign and date** the form.
- ☀ **Communicate** any major problems to the sponsor immediately.



# The Purpose of Monitoring

- ☀ Ensures the program **runs smoothly**.
- ☀ **Informs the sponsor** of problems found during visits/reviews.
- ☀ If a problem is found, ensures **corrective action** is completed and documented





# Goals/ Overview of Today's Training



☀ Whose meals are **reimbursable**? Where can a **site** be located?

☀ What is **required** before you begin serving meals?

☀ It's **meal time**, now what?

☀ How does the **program** work? (budgeting, monitoring, and recordkeeping tips)

# SFSP Application is done in CNIPS

To be reimbursed, the application **must be approved** by KDE **before you begin serving meals.**

Make sure that **any change** in service is made in CNIPS and **resubmitted for approval.**

Example: Change in serving dates, change in meal times, etc. **The application in CNIPS must be accurate at all times!**



# Budgeting

Sponsors use CNIPS to complete applications, budgets, required forms, and claim reimbursements.

- ☀ As part of the application process, each year, all Non-Profit sponsors will submit a budget in CNIPS.
- ☀ All Non-Profit sponsors are encouraged to use the “projected reimbursement” tool in the budget section of CNIPS to plan and manage their expenses vs. reimbursement.

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# Projected Reimbursement Tool

After you have completed your site application, and you open your budget in CNIPS, you will see the reimbursement amount you will receive if your projected meals are correct.

## Operating Reimbursement

Meal	Sites	Total Meals	Total
Breakfast	1	2,700	\$5,103.00
Lunch	1	2,160	\$7,128.00
Snack	0	0	\$0.00
Supper	1	2,700	\$8,910.00
Sub Total			\$21,141.00

## Administrative Reimbursement

Meal	Sites	Total Meals	Total
Breakfast	1	2,700	\$506.25
Lunch	1	2,160	\$745.20
Snack	0	0	\$0.00
Supper	1	2,700	\$931.50
Sub Total			\$2,182.95

\* This was based on 36 days of service over six weeks of SFSP. Average # of eligible participants each week was 77.

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Non-profit sponsors: You will input budget figures under the **Projected Reimbursement Tool**, based on your projected costs.



**Projected Operating Costs**

Food for all vended and self-prep meals:		\$50,100.00
Non Food Supplies:		\$23,100.00
Operational Personnel:		\$17,500.00
Fringe Benefits:		\$0.00
Facility and Utility:		\$0.00
Equipment Rental:		\$0.00
Transportation:	Rate per mile: 0.00	\$0.00
Other:		\$0.00
Sub Total		\$90,700.00

**Projected Administrative Costs**

Administrative Personnel:		\$6,850.00
Fringe Benefits:		\$0.00
Office Expense:		\$0.00
Facility and Utility:		\$0.00
Transportation:	Rate per mile: 0.00	\$0.00
Other:		\$0.00
Sub Total		\$6,850.00

### Cost Reimbursement Summary

Total SFSP Costs		\$97,550.00
Total SFSP Reimbursement		\$23,323.95
Excess SFSP revenue amount from the prior program year or previous participation in SFSP		\$0.00
Amount from other funding resources (e.g. grant, donations)		\$74,226.05
Other funding resources	Donations	
Balance		\$0.00

In the example above, we see that costs for this non-profit sponsors program are projected to be more than the reimbursement. Sponsors need to indicate **other sources for funding** to ensure the program is viable. Please list your other funding.





# Allowable Costs

- ☀ The **creditable food** you use in your meals, food that follows the meal pattern requirement
- ☀ **Paper goods** such as plates, napkins, and utensils that you purchase and use for the meal service.
- ☀ **Program labor** or people that you pay to prepare and/or serve food, the site supervisor.
- ☀ **Administrative labor**; those who prepare payroll, complete monthly claims, and plan the program.

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# Un-Allowable Costs

- ☼ Food that is **NOT creditable** (i.e. ice cream, candy, soda, coffee). Foods that do not fit the meal pattern.
- ☼ The purchase of **vehicles** (leasing vehicles IS allowable though)
- ☼ Entertainment, sports equipment, games
- ☼ **Fundraising**
- ☼ **Bad debt**

If you purchase any of these, you will need documentation that the funds used were not SFSP funds.

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The logo is a circular emblem with a dark blue outer ring. Inside the ring, the words "Kentucky Department of" are written in white, serif font along the top arc, and "Education" is written along the bottom arc. The center of the logo is white and contains a gold-colored silhouette of the state of Kentucky. Within the state outline, there are silhouettes of three children and one adult figure holding a book, representing students and a teacher. The text "Our Children," is written in a blue, serif font above the state outline, and "Our Commonwealth" is written in the same font below it.



# State Agency Review

- ☀ USDA requires **ALL** sponsors to be reviewed every **3 years**.
- ☀ Sponsors with a significant number of findings one year may be placed on the schedule the subsequent year to ensure corrections were made.
- ☀ If you are on the schedule you will have **both a site and sponsor review**.
- ☀ A site review is **unannounced**. A large program may have more than 1 site review.
- ☀ A sponsor review is **scheduled**.
- ☀ The review questions are on the KDE SFSP website. [Review Questions](#)
- ☀ You will be **notified** at the beginning of summer about your review if you are on the review schedule.



# SFSP Appeals Procedure

Sponsors have the right to appeal “Adverse Actions” such as, but not limited to:

- ☀ Denial of an application
- ☀ Termination of the sponsor or a site
- ☀ A claim against a sponsor for remittance of payment

For a complete list of actions that may be appealed and how to appeal, visit the [KDE SFSP website](#).  
(\*handout provided)



# Claiming Your Meals for Reimbursement

- ☀️ Claims for your meals are done in **CNIPS**. After you sign in, click on the “**Claims**” tab.
- ☀️ Claims are submitted monthly **by site**. Have all of your meal totals in front of you when you sign into CNIPS!
- ☀️ Claims need to be **submitted by the 15<sup>th</sup>** of the month following the month being claimed. Only **one late claim is accepted every three years**; make it a goal to get your claim in early in the month! EX: June claim must be submitted by July 15.





# Reimbursement Rates

## Summer Food Service Program 2018 Reimbursement Rates

[Combined]

Per meal rates in whole or fractions of U.S. dollars	All states except Alaska and Hawaii		Alaska		Hawaii	
	Rural or self-prep sites	All other types of sites	Rural or self- prep sites	All other types of sites	Rural or self- prep sites	All other types of sites
Breakfast	2.2325	2.1900	3.6275	3.5600	2.6175	2.5675
Lunch or Supper	3.9225	3.8575	6.3625	6.2600	4.5950	4.5200
Snack	0.9300	0.9100	1.5025	1.4700	1.0875	1.0625



# Sponsor Checklist for Required SFSP Documentation

All records pertaining to SFSP should be kept for the current year plus 3 previous years. This includes, but is not limited to...

- ☀ media release
- ☀ Health Department notification
- ☀ menu records
- ☀ Civil Rights data collection
- ☀ monitor review
- ☀ daily meal count sheets
- ☀ fiscal management documentation
- ☀ training documentation
  
- ☀ For the complete list of required documentation, visit the KDE SFSP website: Sponsor Forms section

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# Question Time

Thanks for coming! We are looking forward to a great summer with you!

Call your summer consultants with any questions.

502-564-5625

